

☐ Initial Application – Start Date: _____

☐ Renewal Application

Section A: Applicant and Service Information

Full Legal Name of Family Child Care Service Provider (First, Middle, Last)		
Family Child Care Service Name (As it appears on Certificate)		
Mailing Address	City/Town	Postal Code
Email		
Family Child Care Service Phone Number	Provider Cell Phone Number (optional)	
Number of years working in regulated child care		
Does your family child care service avail of Inclusion funding: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, include a copy of details as part of this application)		

Section B: Operational Information

Full Time Hours of Operation	Monday	to	Friday	From	To
	Saturday	to	Sunday	From	To

Part Time Hours of Operation	to	From	To
	to	From	To

Indicate meals and snacks offered. If not provided, state reason: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM snack <input type="checkbox"/> Supper <input type="checkbox"/> Exempt	
Will you offer full day service during school closures (PD days, scheduled breaks): <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Closures:</p> <p>The below days will be funded by OGP:</p> <p>•New Year's Day •Good Friday •Easter Sunday (if operational) •Victoria Day •Memorial/Canada Day •Civic Holiday •Labour Day •Truth and Reconciliation Day •Thanksgiving Day •Remembrance Day •Christmas Day •Boxing Day</p> <p>Providers will have the option to request replacement statutory holidays that are days of cultural or religious significance in place of any/all the above listed days, where operationally feasible.</p> <p>In addition, OGP will fund <u>ten</u> extra closure days at the discretion of the service and will fund involuntary closures for snow days and sick days where appropriate and approved.</p> <p>NOTE: Parents and the Department must be notified at least 30 days in advance of closures where possible.</p>	

Indicate the days/weeks/months the service will be closed:

Days:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Weeks:

From: _____ to _____ From: _____ to _____
 YYYY/MM/DD YYYY/MM/DD YYYY/MM/DD YYYY/MM/DD

From: _____ to _____ From: _____ to _____
 YYYY/MM/DD YYYY/MM/DD YYYY/MM/DD YYYY/MM/DD

Other: _____

Section C: Child Information

Please provide information about the children who attend your family child care service

[illegible]

Do you have any of your own child(ren) enrolled in your FCC service?

☐ Yes ☐ No

If yes, provide your child's information below

Type of Space	Child's Initial's	Date of Birth (yyyy/mm/dd)	Start Date (yyyy/mm/dd)	Full Time	Part Time AM	Part Time PM

Section D: Information for Submission

The following documentation must be attached in PDF format only. Photos will not be accepted:

- ☐ Copy of Current Approval Certificate
- ☐ AECENL Child Care Services Certificate (if applicable)
- ☐ Meal Exemption Approval Letter (if applicable)
- ☐ CRA Clearance / Balance
- ☐ Years of Service Verification (if applicable)

This form may be completed and signed online and submitted electronically (preferred); or printed, signed and submitted (by mail, in person or electronically) to the address below:

Family Child Care Operating Grant Program
Department of Education
Confederation Building
P. O. Box 8700
St. John's, NL A1B 4J6
Email: FCC-OGP@gov.nl.ca
Fax: 709-729-1400

Incomplete applications will be returned and processed on the date all information is received.

Section E: Applicant Declaration & Signature

Please sign below. Legal entity must sign if incorporated.

- ☐ I confirm the information given in this application is, to the best of my knowledge and ability, complete, true and correct. I certify that I have read, understand and agree to adhere to the following:
- a. [Child Care Act & Regulations](#)
 - b. [Child Care Policy and Standards Manual](#)
 - c. Family Child Care Operating Grant Program Policy and Standards Manual
 - d. [Child Care Inclusion](#) and [Quality Enhancement Programs Policy and Standards Manual](#)
 - e. [Child Care Subsidy Policy Manual](#)

- ☐ I understand that any changes in this application must be approved by the Department of Education prior to implementation.

Applicant Name: (Please Print)

Date: (YYYY/MM/DD)

Applicant Signature:

FOR OFFICE USE ONLY

Print Name: _____

Date Received: _____

Signature: _____

PRIVACY NOTICE

The Information collected on this form is collected under the authority of the Child Care Act and the Access to Information and Protection of Privacy Act (ATIPPA) and is used solely for the purpose of administrative/operation of the Operating Grant Program and services provided by the Department of Education. This information is kept confidential and help securely as required by ATIPPA. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education at (709)729-6281.