

### Section A – Child Care Service Information

Child Care Centre Name		
Physical Address		
Mailing Address		
City/Town	Province <b>NL</b>	Postal Code
Telephone	Email Address	
Website		
Licence Age Range		Licence Capacity
Licence Number	Current Date of Issue YYYY/MM/DD	Expiry Date YYYY/MM/DD
Administrator(s) Name		
Primary Teacher(s) Name		

### Section B – Declaration

I, \_\_\_\_\_ Licensee of \_\_\_\_\_ declare that  
(name) (Child Care Centre)

I have endured hardships in obtaining qualified caregivers to work at my child care centre. I continually advertise for qualified caregivers and no qualified applicants have applied. I have either closed a homeroom or took extraordinary measures in order to meet legislative requirements. Therefore, in order to continue with the operation of \_\_\_\_\_ and continue to meet legislative requirements I am requesting approval  
(Child Care Centre)

of the identified Primary Teacher(s) above to work as a caregiver under the **Primary Teacher Pilot Program** who will report to work to at \_\_\_\_\_ to occupy vacancies/absences unable to be filled. I  
(Child Care Centre)

confirm that no corrective actions have been issued to \_\_\_\_\_ in relation to risk of harm  
(Child Care Centre)

to children within the last calendar year. I agree to read and adhere to the **Primary Teacher Pilot Program** policy and actively monitor the Primary Teacher(s) named above and as well as provide the required documentation as requested by the Department of Education. The information provided on this application is true and complete to the best of my knowledge.

Applicant/Licensee/Legal Entity Signature: \_\_\_\_\_ Date: (YYYY/MM/DD) \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Title of Signatory (if a corporation): \_\_\_\_\_

Telephone: \_\_\_\_\_

## Section C – Information for Submission

This form may be completed and signed online and submitted electronically; or printed, signed and submitted (by mail, in person or electronically) to the regional office in your area. Regional office information can be found at: <http://www.ed.gov.nl.ca/edu/departement/contact.html#childcare>

**The following documentation must be attached:**

1. Proof of long standing advertisement for qualified caregivers/limited pool of qualified applicants.
2. Proof of homeroom closure or extraordinary measures to avoid homeroom closures.
3. Proof of completion of the on-line Casual Caregiver Module and the Early Learning Framework Orientation Workshop Series via the Association of Early Childhood Educators Newfoundland and Labrador ([AECENL](#)).
4. Proof of at least 10 hours of professional learning related to early learning and child care (for renewals only)

### EDU OFFICE USE ONLY

Received By \_\_\_\_\_ Date Received  
YYYY/MM/DD \_\_\_\_\_

**Recommendations/Notes:**

Regional Inspector Name \_\_\_\_\_ Date \_\_\_\_\_  
YYYY/MM/DD

Regional Inspector 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 purposes of administration/operation of regulated child care program and services provided by the Early Learning and Child Development Division. This information is kept confidential and held 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 709-729-7425.