

☐ Initial Application – Start Date: _____ ☐ Renewal Application

Section A: Applicant and Service Information

Legal Name of Licensee(First, Middle, Last) or Organization Name(As it appears in the Registry of Companies)		
Mailing Address	City/Town	
Postal Code	Phone	Email
Facility Name (As it appears on Licence)	Vendor Number (If known)	

Section B: Operational Information

Is the child care centre receiving salary or operational funding from other Government Programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list programs:	
Indicate meals and snacks offered. If not provided, state reason: <div style="display: flex; justify-content: space-between; padding: 5px;"> <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"/> Evening Snack </div>	
Will the centre offer full day service during school closures (PD days, scheduled breaks): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate the days/weeks/months the child care centre will be closed: Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> 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 Months: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec Other: _____ In addition to the below days, OGP will fund five extra closure days at the discretion of the service: •New Year’s Day •Good Friday •Easter Sunday (if operational) •Victoria Day •Memorial/Canada Day •Civic Holiday •Labour Day •Truth & Reconciliation Day •Thanksgiving Day •Remembrance Day •Christmas Day •Boxing Day NOTE: The Department and parents must be notified 30 days in advance of these closures. Employees must be paid for these closures.	

Section F: 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 as indicated below:

Metro

Operating Grant Program
3rd Floor, West Block
Confederation Building
P. O. Box 8700
St. John's,
NL A1B 4J6
Fax: 1-709-729-1400
metroogp@gov.nl.ca

Central East

Operating Grant Program
2nd floor Provincial Building
3 Cromer Avenue
Grand Falls – Windsor
NL A2A 1W9
Fax: 1-709-292-4179
centraleastogp@gov.nl.ca

Western and Labrador

Operating Grant Programs
133 Riverside Drive
Corner Brook
NL A2H 6J8
Fax: 1-709-637-8016
westernogp@gov.nl.ca
labradorogp@gov.nl.ca

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

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

1. Copy of Current Child Care Licence
2. Financial Statement, as per previous Service Agreement
3. WorkplaceNL Clearance Letter
4. CRA Clearance / Balance

Section C: Applicant's Declaration & Signature

Please sign below. Legal entity must sign if incorporated.

- (i) 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. Child Care Centre Operating Grant Program Policy and Standards Manual
 - d. ECE Wage Grid Child Care Centre Policy and Standards Manual
 - e. [Child Care Inclusion and Quality Enhancement Programs Policy and Standards Manual](#)
 - f. [Child Care Subsidy Policy Manual](#)
 - g. [Labour Standards Act and Regulations](#)
- (ii) I understand that any changes in this application must be approved by the Department of Education prior to implementation.

Licensee Name: _____
(Please Print)

Date: _____
(YYYY/MM/DD)

Licensee Signature: _____

FOR OFFICE USE ONLY

Received By

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 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)729-6281.