

Section A – General Information

Name of Applicant			
Mailing Address			
City/Town	Province	NL	Postal Code
Telephone	Email Address		

Section B – Licence Type

Please check one (1):	Child Care Centre	Agency	Individual Family Home
Please check one (1):	New	Renewal	Variance

Section C – Renewal Information (if applicable)

Licence Number	
Current Date of Issue YYYY/MM/DD	Expiry Date YYYY/MM/DD

Section D – Variance Request (if applicable) CHECK ALL THAT APPLY

Renovation	Change in Location or Approved Space	Change in Capacity	Change in Program
Change in Operational Details (Days or Hours of Operation)		Change in Age Range	Other

Section E – Corporation & Officer Information (if applicable)

Name	
Incorporation Number	Incorporation Date YYYY/MM/DD
Executive Officers/Board Members (Centre or Agency) - where more space is needed add a separate page	
Name	Title
1.	
2.	
3.	
4.	
5.	

Section F – Service Information

Operating Name													
Physical Address													
Mailing Address													
City/Town	Province			NL		Postal Code							
Telephone	Email Address												
Website													
Type of Program SELECT ONE	Full-Time		Part-Time										
Hours of Operation													
Days of Operation CHECK ALL THAT APPLY	Sun	Mon	Tues	Wed	Thurs	Fri	Sat						
Months of Operation CHECK ALL THAT APPLY	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Facility Capacity													
Facility Age Range													
Outdoor Play Area Measurements (if applicable)													

Centre Administrator(s)/Agency Coordinator/Family Child Care Provider				
Name		Certification Level and Classification(s) (if applicable)		Certification Expiry Date YYYY/MM/DD
Agency Monitor(s) (if applicable)				
Name (s)		Certification Level and Classification(s)		Certification Expiry Date YYYY/MM/DD
Family Child Care Residents (if applicable)				
Name (s)		Relationship to Child Care Service Provider		
Homeroom(s) or Family Child Care (FCC) Information				
Homeroom or FCC	Age Range	Group Size/Ratio	Staff Name(s) or Family Child Care Provider	Certification Level & Classification(s)
FCC or HR 1				
HR 2				
HR 3				
HR 4				
HR 5				
HR 6				

Section G – Signature

Please sign below. **Legal entity must sign if incorporated.**

Applicant/Licensee/
Legal Entity Signature

Date

Name (Please Print)

Title of Signatory
(if a corporation)

Telephone

FOR OFFICE USE ONLY

Date Received
YYYY/MM/DD

Received By

Section H – 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: <https://www.gov.nl.ca/education/departement/contact/#childcare>

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.