

Licensee/Administrator			
Child Care Service Name			
Physical Address			
Mailing Address			
City/Town		Province	Postal Code
Telephone		Email Address	
Website			
Licence/Approval Number			
Current Date of Issue YYYY/MM/DD		Expiry Date YYYY/MM/DD	

I, _____, Administrator/employee of _____ declare that I
(name) (Child Care Service)
am not currently qualified to work as an Administrator or Caregiver with children in the _____
age range. I am aware that I must obtain _____ Child Care Services Certification
(level and classification)
or the required work experience in order to continue in this position at the child care service listed above. I confirm
that I have registered with an approved post-secondary institution and commit to actively working towards
obtaining the required Child Care Services Certification or I am actively working towards achieving the required
work experience. I agree to provide the Regional Manager/my employer with written verification of my registration
and progress reports or work experience, until such time as I have achieved the required Child Care Services
Certification or work experience. In the event that I fail to comply with the following conditions, I understand that
my continued employment as an Administrator or Caregiver with my employer may be affected.

Employee Signature: _____ Date: (YYYY/MM/DD) _____

Name (Please Print): _____

Telephone: _____

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

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