



Application for Child Care Facility License

Please submit to the following Early Childhood Program Offices:

Qikiqtani Region	Iqaluit	Kivalliq Region	Kitikmeot Region
Fax: (867) 473-2695	Fax: (867) 975-2517	Fax: (867) 645-2127	Fax: (867) 983-4025
Ph: 1-833-930-3935	Ph: 1-833-930-3938	Ph: 1-833-930-3936	Ph: 1-833-930-3937
ECOQikiqtani@gov.nu.ca	ECOIqaluit@gov.nu.ca	ECOKivalliq@gov.nu.ca	ECOKitikmeot@gov.nu.ca

Please attach the following with this application:

<input type="checkbox"/> Written statement of program goals and objectives	<input type="checkbox"/> Floor-plan with dimensions
<input type="checkbox"/> Evidence of a minimum \$1,000,000.00 comprehensive general liability insurance (\$2,000,000 if applying for funding).	<input type="checkbox"/> List of the Board of Directors or Parental Committee with addresses and phone numbers
<input type="checkbox"/> Evidence of compliance with the appropriate zoning by-laws	<input type="checkbox"/> A written policy for parental involvement
<input type="checkbox"/> Copy of an approved current inspection by the Environmental Health Officer regarding compliance with the Public Health Act	<input type="checkbox"/> Copy of an approved current inspection by the Office of the Fire Marshal regarding compliance with the National Fire Code
<input type="checkbox"/> Emergency evacuation plan	

Facility Information

Name of Child Care Facility		E-mail
Mailing Address	Physical Location	Phone Number
Sponsoring Organization		Community

Type of Organization: Non-Profit Family Day Home DEA Hamlet Private

Details of Operations

Type of Childcare to Be Provided: Full-time Daycare Preschool Out of School

Type of Childcare Facility: Centre Based Facility Family Day Home

Status of Facility: Owned Rented Leased

Type of Accommodation	Centre Based Facility	Family Day Home
	<input type="checkbox"/> New Building – Constructed for Day Care <input type="checkbox"/> Existing Building – Renovated for Day Care <input type="checkbox"/> Existing Building – Use AS IS for Day Care	Number of Rooms: <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment

Times Facility is Open	Days	From: To:	Hours	From: To:
	Months (circle)	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec		

Requested Number of Spaces

Age	Full-time	Part-time	Out of School
Infants (1- 24 months)			
Preschoolers (2 years until start school full-time)			
School-Age (Grade one to children up to 12 years)			
Total			

Applicant's Certification

If a license is granted, I hereby agree to permit inspections of the facility (or a proposed facility) by an appointed inspector. I do so knowing that these inspections may be unscheduled, the object being to safeguard the children in care. I further certify that these inspections may reveal conditions which violate the requirements of the Child Day Care Act and regulations, for which I shall be held accountable.

Name (please print)	Position	Signature	Date
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