



## Application for Child Care Facility License

Please submit to the following Early Childhood Program Offices:

**Qikiqtani Region**

Fax: (867) 473-2647

Ph: 1-800-567-1514

[ECOQikiqtani@gov.nu.ca](mailto:ECOQikiqtani@gov.nu.ca)

**Iqaluit**

Fax: (867) 979-2152

Ph: (867) 975-5631

[ECOQikiqtani@gov.nu.ca](mailto:ECOQikiqtani@gov.nu.ca)

**Kivalliq Region**

Fax: (867) 645-2127

Ph: 1-867-645-8043

[ECOKivalliq@gov.nu.ca](mailto:ECOKivalliq@gov.nu.ca)

**Kitikmeot Region**

Fax: (867) 983-4025

Ph: 1-800-661-0845

[ECOKitikmeot@gov.nu.ca](mailto: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**

|                                    |                          |                     |
|------------------------------------|--------------------------|---------------------|
| <b>Name of Child Care Facility</b> |                          | <b>E-mail</b>       |
| <b>Mailing Address</b>             | <b>Physical Location</b> | <b>Phone Number</b> |
| <b>Sponsoring Organization</b>     |                          | <b>Community</b>    |

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

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

|                               |                        |   |              |           |
|-------------------------------|------------------------|---|--------------|-----------|
| <b>Times Facility is Open</b> | <b>Days</b>            | From: To:                                       | <b>Hours</b> | From: To: |
|                               | <b>Months</b> (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 |
|--|-----------|-----------|---------------|
| <b>Infants</b> (1- 24 months)                              |           |           |               |
| <b>Preschoolers</b> (2 years until start school full-time) |           |           |               |
| <b>School-Age</b> (Grade one to children up to 12 years)   |           |           |               |
| <b>Total</b>   |           |           |               |

**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.

|                            |                 |                  |             |
|----------------------------|-----------------|------------------|-------------|
| <b>Name</b> (please print) | <b>Position</b> | <b>Signature</b> | <b>Date</b> |
|----------------------------|-----------------|------------------|-------------|