



Application for Start-Up

Please submit to the following Early Childhood Program Offices:

Qikiqtani Region

Fax: (867) 473-2695

Ph: 1-833-930-3935

ECOQikiqtani@gov.nu.ca

Iqaluit

Fax: (867) 975-2517

Ph: 1-833-930-3938

ECOIqaluit@gov.nu.ca

Kivalliq Region

Fax: (867) 645-2127

Ph: 1-833-930-3936

ECOKivalliq@gov.nu.ca

Kitikmeot Region

Fax: (867) 983-4025

Ph: 1-833-930-3937

ECOKitikmeot@gov.nu.ca

Please attach the following with this application:

<input type="checkbox"/> Brief description of the program	<input type="checkbox"/> Floor-plan with dimensions
<input type="checkbox"/> Draft start-up budget.	<input type="checkbox"/> Proof of non-profit status, and in good standing.
<input type="checkbox"/> Evidence of a minimum \$2,000,000.00 comprehensive general liability insurance coverage for the proposed location.	<input type="checkbox"/> Application for Child Care Facility License or copy of Child Care Facility License.
<input type="checkbox"/> For your benefit we suggest you obtain current reports from the Health Department and Fire Marshal's Office on the condition of the building proposed.	<input type="checkbox"/> Proof from the Office of the Fire Marshal, Environmental Health Officer or Department of Education that facility is required to move to a new location (For Required Relocation only) .
<input type="checkbox"/> Attach 3 letters of support from Hamlet Council, schools etc. (For Initial Start-Up only) .	<input type="checkbox"/> A survey of potential users or a needs study (For Initial Start-Up only) .

Type of Start-Up

Initial Increasing Spaces Required Relocation Re-opening

Facility Information

Name of Child Care Facility		E-mail
Mailing Address	Community	Phone Number

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		Number of Rooms:	
	<input type="checkbox"/> Existing Building – Renovated for Day Care		<input type="checkbox"/> House	<input type="checkbox"/> Townhouse
	<input type="checkbox"/> Existing Building – Use AS IS for Day Care		<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

Spaces Available

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

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

Name (please print)	Signature	Date
---------------------	-----------	------