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 Building Nunavut Together
 Nunavut iluqatigiingniq
 Bâtir le Nunavut ensemble

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 Department of Education
 Ilinniaqtuliqiyikkut
 Ministère de l'Éducation

Young Parents Stay Learning Application

Please submit to the following Early Childhood Program Offices:			
Qikiqtani Region	Iqaluit	Kivalliq Region	Kitikmeot Region
Fax: (867) 473-2647	Fax: (867) 975-7924	Fax: (867) 645-2127	Fax: (867) 983-4025
Ph: 1-800-567-1514	Ph: (867) 975-5631	Ph: 1-867-645-8043	Ph: 1-800-661-0845
ECOQikiqtani@gov.nu.ca	ECOQikiqtani@gov.nu.ca	ECOKivalliq@gov.nu.ca	ECOKitikmeot@gov.nu.ca

Applicant Information			
Name of Applicant	First Name	Middle Name(s)	Last Name
			Birthdate (d/m/y)
Mailing Address	Community	Phone Number	E-mail Address
Children Requiring Care (use another sheet if more space is required)			
Name	First Name	Middle Name(s)	Last Name
			Birthdate (d/m/y)
Name	First Name	Middle Name(s)	Last Name
			Birthdate (d/m/y)
School Information			
Name of School	Community		Course/Grade
# of Hours per Day	Start Date of School		Last Day of School
Child Care Information			
Name of daycare or private caregiver			# of hours of care required per day
Manager or Private Caregiver's Signature			Cost per day
Signature of School Counselor or Principal			
I support the above name student and believe that they will do their best in fulfilling their obligations with this program.			
Name of School Counselor or Principal (please print)			Position
Signature			E-mail Address
Signature of Student			
If I am approved for this program, I agree to attend school and do my best so that I can complete and pass my courses. I understand that my child can only attend the daycare when I am attending classes (or on recognized PD days, school holidays – other than the summer break, or with prior permission from the school counselor or principal. I agree to be responsible for any costs over and above what this program will pay. I understand that failure to fulfill these obligations may result in my removal from the program and in the loss of the childcare subsidy for my child/ren.			
Signature			Date