



# Child Care – Early Learning and Child Care (ELCC) Supplement Application

## Section A – Applicant Information

Indicate quarter to which this application applies			
April 1 – June 30	July 1 – September 30	October 1 – December 31	January 1 - March 31
Last Name	Given Name	Middle Name	Date of Birth YYYY/MM/DD
Mailing Address			
City/Town		Province	NL
Telephone	Email Address	Postal Code	
Is this a change of address?	Yes	No	Is this your first application
Child Care Certification Information: Certification #		Expiry Date	YYYY/MM/DD
<b>NOTE: Certification Number will be used to confirm eligibility</b>			
Has your certification level or classification changed during this quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Change			
If "yes" indicate previous level or classification: YYYY/MM/DD			

## Section B – Details of Hours Worked

Dates worked during the quarter:	from	YYYY/MM/DD	to	YYYY/MM/DD
Indicate the month and the number of eligible hours worked for each month:				
Month one:		Number of eligible hours		
Month two:		Number of eligible hours		
Month three:		Number of eligible hours		
Note details of ineligible hours, if applicable				
<b>Centre-based caregivers indicate all age groups &amp; the number of hours worked with each age group for the quarter:</b>				
<input type="checkbox"/> Infant (Birth – up to 2y)	<input type="checkbox"/> Preschool (includes Toddler) (1y 6m up to 5y 9m and not attending school)	<input type="checkbox"/> School age (4y 9m up to 13 y & attending school)	<input type="checkbox"/> Mixed (Indicate age group)	
# of hours	# of hours	# of hours	# of hours	

## Section C – Child Care Service Information

Centre/Family Home/Agency Name				
Address				
Licensed/Approved age range		Administrator/ Coordinator Name		
<input type="checkbox"/> Not Applicable				
Position Held:	<input type="checkbox"/> Administrator	ECE/Caregiver	FCC Provider	Agency Monitor
Other				
Has your position changed this quarter?	Yes	No	If you answered yes, what was your previous position?	What date did your position change? YYYY/MM/DD

<b>FOR OFFICE USE ONLY</b>											
Authorized for payment signature											
Number of eligible hours worked Gross amount											
Administrator			Agency Monitor			Centre Caregiver			Family Child Care Provider		
2	3	4	2	3	4	1	2	3	4	1	2
Comments											

## Section D – Applicant Declaration

Information below must match that chosen in Section C.

I declare that I **(check one only)**:

meet the requirements of the ELCC Supplement policy for an Early Childhood Educator/Caregiver

meet the requirements of the ELCC Supplement policy for an Administrator

meet the requirements of the ELCC Supplement policy for an Agency Monitor

meet the requirements of the ELCC Supplement policy for a Family Child Care Provider

other (describe) \_\_\_\_\_

and I worked at the child care service/agency indicated on this application. I also declare that the information provided by me on this application is true and accurately reflects my employment during the time period indicated. I confirm that I was employed on the dates indicated and worked the eligible hours as outlined in Section B (if applicable). I understand that additional information may be requested for verification at any time for evaluation/auditing purposes.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Section E – Child Care Service Verification (to be completed by licensee/agent/authorized delegate)

I verify that the applicant has worked as indicated in Sections B and C and was not on extended or ineligible leave (except as described in Section B, if applicable) and I understand that information regarding this individual's employment may be requested for verification at any time for evaluation/auditing purposes.

**Legal entity must sign if incorporated.**

Licensee/Agent/Legal Entity

Signature \_\_\_\_\_

Date \_\_\_\_\_

YYYY/MM/DD

Name (Please Print) \_\_\_\_\_

Title of Signatory (if a corporation) \_\_\_\_\_

Telephone \_\_\_\_\_

## Section F – Information for Submission

**Please ensure all sections are fully completed. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** This form may be completed online, but must be printed, signed and submitted via email to: [ELCCSupplement@gov.nl.ca](mailto:ELCCSupplement@gov.nl.ca)

**The following documentation must be attached (one-time only or upon change)**

1. Proof of academic credentials
2. Proof of temporary SIN expiry (if applicable)
3. Government Direct Deposit form

**For further ELCC Supplement information and associated forms or inquiries please contact us at:**

Telephone: (709) 729-2694

Email: [ELCCSupplement@gov.nl.ca](mailto:ELCCSupplement@gov.nl.ca)

Website: <https://www.gov.nl.ca/education/childcare/supplement/>

## PRIVACY NOTICE

The information collected on this form is collected under the authority of the *Access to Information and Protection of Privacy Act (ATIPPA)* and is used solely for the purposes of administration/operation of the Early Learning and Child Care Supplement program and services provided by the Early Learning and Child Development Division relating to Early Childhood Educators working in regulated care services. This information is kept confidential and held securely as required by *ATIPPA*. If you have any questions about the collection or use of this information, please contact the Information Management Division of the *Department of Education* at 709- 729-7425.