

Renewal

Initial Application - Requested Start Date: _____

Section A: Applicant Information

Full Legal Name of Family Child Care Service Provider (First, Middle, Last)		
Family Child Care Service Name (As it appears on Certificate)		
Family Child Care Service Address	City/Town	Postal Code
Email (<i>must be clear and easily legible</i>)		
Family Child Care Service Phone Number	Provider Cell Phone Number (optional)	

Approval Certificate Number	Date of Issue	Date of Variance	Date of Expiry
ECE Certificate Number, Level and Expiry Date (<i>Include a copy of your certificate as part of this application</i>)			

Section B: Operational Information

FULL TIME Hours of Operation	Monday to Friday	From	To
	Saturday to Sunday	From	To
PART TIME Hours of Operation	to	From	To

Does your family child care service offer full day care during school closures? (i.e., PD days, scheduled breaks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Does your family child care service avail of Inclusion funding: (<i>If Yes, include a copy of details as part of this application and specify funded space or staffing grant</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have any of your own child(ren) enrolled in your FCC service? If yes, provide <u>your child's</u> information below				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Type of Space	Child's Initial's	Date of Birth (yyyy/mm/dd)	Start Date (yyyy/mm/dd)	Full Time	Part Time AM	Part Time PM

Do you provide quality meals and snacks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Exempt*	
<i>*If EXEMPT, please include a copy of your current exemption letter as part of this application.</i>				
If yes, please specify meals that are provided				
<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM snack	<input type="checkbox"/> Mid-day meal	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper
<input type="checkbox"/> Other (Please clarify)				

Statutory Closure Days: The FCC-OGP will pay for the following statutory closure days listed below:

*New Years Day *Good Friday *Easter Sunday (if operational) *Victoria Day *Memorial/Canada Day

*Civic Holiday *Labour Day *Truth & Reconciliation Day *Thanksgiving Day *Remembrance Day

*Christmas Day *Boxing Day

Medical Benefits

Are you enrolled in the medical benefits program? Yes No
Enrollment Date:

Voluntary Closure Days:

Family Child Care Service Providers are entitled to avail of 10 voluntary closure days per Service Agreement. Voluntary closure days are any planned closures including vacation and personal days.

NOTE: The Agency and parents must be notified 30 days in advance of these closures.

Known closures in which parents/guardians will not be charged

From (YYYY/MM/DD)	To (YYYY/MM/DD)	Reason	Hours of Closure

Section C: Checklist

- Copy of current AECENL certificate
- Copy of current approval certificate
- Copy of current good standing with Companies and Deeds Online (CADO)
- Copy of CRA clearance/balance and current approved repayment plan
- Copy of inclusion funding details (if applicable)
- Copy of current meal exemption letter (if applicable)

Section D: Applicant's Declaration/Consent Disclosure

I confirm the information given in this application is, to the best of my knowledge and ability, complete, true and correct. I certify that I have read, understand and agree to adhere to the following:

- a. [Child Care Act & Regulations](#)
 - b. [Child Care Policy and Standards Manual](#)
 - c. Family Child Care Operating Grant Program Policy and Standards Manual
 - d. [Child Care Inclusion](#) and [Quality Enhancement Programs Policy and Standards Manual](#)
 - e. [Child Care Subsidy Policy Manual](#)
- I understand that any changes in this application must be approved by the Department of Education prior to implementation.
- I, the Provider, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief.**
- I, the Provider, do hereby certify that I acknowledge that failure to not disclose relevant information may result in cancellation of this application by EDU.**

Completed by (Print Name)	Date Completed
Signature	

Section F: Information for Submission

Incomplete applications or applications missing required documentation will be returned for revision and resubmission.

Applications that are approved shall receive a Service Agreement stating the funding amount approved and conditions of that approval.

Upon signing and returning of this Agreement and acceptance of the offer, regulated child care services must adjust parent fees to a maximum of the current rates as per FCC-OGP policy.

Submission of a completed application is not guarantee of funding.

Funding under the is contingent upon the department's annual budget appropriations.

**Application submission must be in PDF format only. Photos of documents will not be accepted.
Completed applications are to be submitted via e-mail to FCCCOGP@gov.nl.ca.**

PRIVACY NOTICE

The Information collected on this form is collected under the authority of the Child Care Act and the Access to Information and Protection of Privacy Act (ATIPPA) and is used solely for the purpose of administrative/operation of regulated child care program and services provided by the Department of Education. This information is kept confidential and help 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)729-6281