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Building Nunavut Together
Nunavuliuqatigiingniq
Bâtir le Nunavut ensemble

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Department of Education
Ilinniaqtuliqiyikkut
Ministère de l'Éducation

Application for Start-Up

Please submit to the following Early Childhood Program Offices:

Qikiqtani Region	**Iqaluit**	**Kivalliq Region**	**Kitikmeot Region**
Fax: (867) 473-2695	Fax: (867) 979-2517	Fax: (867) 645-2127	Fax: (867) 983-4025
Ph: 1-833-930-3935	Ph: (867) 975-4856	Ph: 1-833-930-3936	Ph: 1-833-930-3937
ECOQikiqtani@gov.nu.ca	ECOQikiqtani@gov.nu.ca	ECOKivalliq@gov.nu.ca	ECOKitikmeot@gov.nu.ca

Please attach the following with this application:

☐	Brief description of the program	☐	Floor-plan with dimensions
☐	Draft start-up budget.	☐	Proof of non-profit status, and in good standing.
☐	Evidence of a minimum $2,000,000.00 comprehensive general liability insurance coverage for the proposed location.	☐	Application for Child Care Facility License or copy of Child Care Facility License.
☐	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.	☐	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)**.
☐	Attach 3 letters of support from Hamlet Council, schools etc. **(For Initial Start-Up only)**.	☐	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** ☐ New Building – Constructed for Day Care ☐ Existing Building – Renovated for Day Care ☐ Existing Building – Use AS IS for Day Care			**Family Day Home** Number of Rooms: ☐ House ☐ Townhouse ☐ Duplex ☐ Apartment
Times Facility is Open	**Days**	From: To:	**Hours**	From: **To:**
	Months (circle)	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec		

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**