



# 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
<a href="mailto:ECOQikiqtani@gov.nu.ca">ECOQikiqtani@gov.nu.ca</a>	<a href="mailto:ECOQikiqtani@gov.nu.ca">ECOQikiqtani@gov.nu.ca</a>	<a href="mailto:ECOKivalliq@gov.nu.ca">ECOKivalliq@gov.nu.ca</a>	<a href="mailto:ECOKitikmeot@gov.nu.ca">ECOKitikmeot@gov.nu.ca</a>

## Applicant Information

<b>Name of Applicant</b>			<b>Birthdate</b> (d/m/y)
<small>First Name</small>	<small>Middle Name(s)</small>	<small>Last Name</small>	
<b>Mailing Address</b>	<b>Community</b>	<b>Phone Number</b>	<b>E-mail Address</b>

## Children Requiring Care (use another sheet if more space is required)

<b>Name</b>			<b>Birthdate</b> (d/m/y)
<small>First Name</small>	<small>Middle Name(s)</small>	<small>Last Name</small>	
<b>Name</b>			<b>Birthdate</b> (d/m/y)
<small>First Name</small>	<small>Middle Name(s)</small>	<small>Last Name</small>	

## School Information

<b>Name of School</b>	<b>Community</b>	<b>Course/Grade</b>
<b># of Hours per Day</b>	<b>Start Date of School</b>	<b>Last Day of School</b>

## Child Care Information

<b>Name of daycare or private caregiver</b>	<b># of hours of care required per day</b>
<b>Manager or Private Caregiver's Signature</b>	<b>Cost per day</b>

## 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.

<b>Name of School Counselor or Principal</b> (please print)	<b>Position</b>
<b>Signature</b>	<b>E-mail Address</b>

## 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.

<b>Signature</b>	<b>Date</b>
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