



Application for Approval Day Care Centre

☐ **FULL DAY CENTRE**
☐ **PART-TIME DAY CENTRE**
☐ **SCHOOL AGE CENTRE**

APPLICANT INFORMATION

Name of the Facility:	
Site Address:	
Province:	Postal Code:
Mailing Address:	
Province:	Postal Code:
Telephone:	E-mail Address:
Language of Service	<input type="checkbox"/> English <input type="checkbox"/> French
Hours of Operation:	Extended Hour Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
If this application represents a change of operator, give former name of facility and operator. <hr/>	
Number of child care spaces:	

CHILD SPACE INFORMATION

Child Care Service Type(s)	# of children in each service type
Infant (<15 months)	
Infant (15-24 months)	
Preschool	
Afterschool	
TOTAL SPACES	

COMMERCIAL (OWNER OPERATED FACILITY ONLY)

1. Name of the operator:	
Address:	
Province:	Postal Code:
Telephone:	E-mail Address:
2. Indicate what experience you have in child care or in the operation of a day care facility. <hr/> <hr/> <hr/> <hr/> <hr/>	
3. Do you have an ECE certificate/diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Other certificate/diploma program? <hr/>	



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4. Do you have New Brunswick Curriculum Framework training? (if yes, please indicate which framework)

☐ Yes ☐ No

☐ New Brunswick Early Learning and Child Care Curriculum English

☐ Le curriculum éducatif pour la petite enfance francophone du Nouveau-Brunswick

NOT FOR PROFIT (BOARD OPERATED FACILITY ONLY)

1. Board of Directors:

Name	Mailing Address	Telephone	Position on the Board

2. Administrator (name):

Indicate what experience and/or training you have in child care or in the operation of a day care facility.

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

- ☐ 1. Original Application form, filled, dated and signed.
- ☐ 2. A letter from the municipal authorities.
- ☐ 3. Three copies of the scaled or fully dimensioned plans of all levels of the building and the outside area/ playground.
- ☐ 4. Completed "Day Care Plan Review Form" and two (2) different colour photographs of the building exterior - Department of Public Safety.
- ☐ 5. Completed "Day Care Plan Review Form" – Department of Health.
- ☐ 6. Completed "SD" Record Check Consent Form" indicating no contravention (for operator, staff and resident(s) 19 years of age or more).



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7. Completed Criminal Record Check, indicating no record of criminal conviction and cleared to work with the vulnerable sector (for operator, staff and resident(s) 19 years of age or more).

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8. Approval Fee payable to the Minister of Finance.

I, the undersigned, do hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief. As well, I declare that I have read and understand all relevant sections of the *Family Services Act and the Day Care Regulation 83-85*.

Signature of Applicant: _____

Date of Application: _____

Important: If the application is incomplete or the required documentation is missing, the application review process will be delayed and your application will be found ineligible.

Please ensure that copies of the submitted documents are retained. No documents will be returned

*Kindly forward your application, duly completed to the ECS Director in your Provincial School District
(See Necessary Contacts for Day Care Facilities).*