

Nunatsiavut Government – EDUCATION DIVISION



P.O. Box 116 Makkovik, NL AOP 1J0
Email: education@nunatsiavut.com
Website: www.Nunatsiavut.com

Telephone: (709) 923-2105
Toll Free: 1-877-923-2171
Fax: (709) 923-2347



Childcare Request Form

I, _____, confirm that I am enrolled in the _____
Student Name Program Name
Program at the _____ in _____.
Institution Name City/Town

I am requesting Childcare support for my child(ren).

Number of dependents requiring childcare: _____
(If requesting childcare for more than one child, please complete each section.)

Name: _____	Age: _____
Type of childcare requested:	
<input type="checkbox"/> Registered Daycare <input type="checkbox"/> Private babysitter <input type="checkbox"/> Afterschool Care	
Name of Provider: _____	Telephone #: _____
Address: _____	Cell Phone#: _____
_____	_____
Dates:	Email Address: _____
From: _____	To: _____

Name: _____	Age: _____
Type of childcare requested:	
<input type="checkbox"/> Registered Daycare <input type="checkbox"/> Private babysitter <input type="checkbox"/> Afterschool Care	
Name of Provider: _____	Telephone #: _____
Address: _____	Cell Phone#: _____
_____	_____
Dates:	Email Address: _____
From: _____	To: _____

Name: _____	Age: _____
Type of childcare requested:	
<input type="checkbox"/> Registered Daycare <input type="checkbox"/> Private babysitter <input type="checkbox"/> Afterschool Care	
Name of Provider: _____	Telephone #: _____
Address: _____	Cell Phone#: _____
_____	_____
Dates:	Email Address: _____
From: _____	To: _____

Name: _____ Age: _____
Type of childcare requested:
 Registered Daycare Private babysitter Afterschool Care
Name of Provider: _____ Telephone #: _____
Address: _____ Cell Phone#: _____

Email Address: _____
Dates:
From: _____ To: _____

A new Childcare Request Form must be submitted at the start of every academic year or if the current childcare provider changes throughout the year. Once the Childcare Provider request form is submitted and approved, a *Childcare Claim form* will be sent to you to submit for payment.

Signature: _____ Date: _____

For Office Use Only:

Approved: Yes No **Approved By:** _____ **Date:** _____