



Nunatsiavut Government – EDUCATION DIVISION

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Childcare Claim Form

Student Name: _____	Program: _____
Student #: _____	Institution: _____
Living Arrangements (while in training): Check one box per semester:	Mailing Address (while in training): _____
<input type="checkbox"/> renting/boardings	City/Town: _____
<input type="checkbox"/> living with parents	Province: _____
<input type="checkbox"/> campus residence	Postal Code: _____
<input type="checkbox"/> own home	Phone #: _____
Primary Email Address: _____	

Childcare Provider Information:

Name: _____	Telephone #: _____
Mailing Address: _____	Cell phone #: _____

_____	Email address: _____

Dates covered for this claim: From: _____ To: _____

For Office Use Only:

Child's Name	Age	Childcare Provider	Rate per Day	# of Days	*Total amount	Comments

***Please note:** Total amount claimed may not be the amount that will be reimbursed due to set rates by the NG.

Total Amount of this Claim: _____

Childcare payments will be paid out to the student. It is the student's responsibility to pay the childcare provider. Claims can be submitted on Fridays to ensure payment to the student on Wednesdays. This childcare payment will be paid on a bi-weekly basis.

Childcare Provider's Signature (if applicable): _____ Date: _____

Student Signature: _____ Date: _____

For Office Use Only:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Approved: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Funding Allocation: <input type="checkbox"/> PSSSP <input type="checkbox"/> ISETP (<input type="checkbox"/> EI <input type="checkbox"/> CRF) <input type="checkbox"/> IPSE	