



Nunatsiavut Government – EDUCATION DIVISION
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Childcare Request 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/boarding	_____
<input type="checkbox"/> living with parents	City/Town: _____
<input type="checkbox"/> campus residence	Province: _____
<input type="checkbox"/> own home	Postal Code: _____
Primary Email Address: _____	Phone #: _____

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.)

Child 1:

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

Child 2:

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

Child 3:

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

Child 4:

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#: _____
_____	_____
_____	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: <input type="checkbox"/> Yes <input type="checkbox"/> No Approved By: _____ Date: _____
Verified on Applicant Declaration: <input type="checkbox"/> Yes <input type="checkbox"/> No