

## **Nunatsiavut Government – EDUCATION DIVISION**

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## **Childcare Request Form**

Student Name:	Program:
Student #:	Institution:
Living Arrangements (while in training): Check <b>one</b> box per semester:  renting/boarding	Mailing Address (while in training):
□ living with parents	City/Town:
□ campus residence	Province:
□ own home	Postal Code:
Primary Email:	Phone #:
Number of dependents requiring childcare: (If requesting childcare for more than one child Child 1:	d, please complete each section.)
Name:	Age:
Type of childcare requested:	
☐ Registered Daycare ☐ Private babysitter	
Name of Provider:	
Address:	Cell Phone#:
	 Email:
Dates:	
From:	To:
Child 2:	
Name:	Age:
Type of childcare requested:	
☐ Registered Daycare ☐ Private babysitter	□ Afterschool Care
Name of Provider:	Telephone #:
Address:	Cell Phone#:
	- Email:
Dates:	
From:	To:
-	

## Child 3:

*Student Signature: Private Childcare Provider Signature: Private Childcare Provider Signature  For Office Use Only: Approved: □ Yes □ No Amount Approve Approved by:	Date:	
Private Childcare Provider Signature:		
Private Childcare Provider Signature:		
*Student Signature:	Date	
	Dates	
Childcare will only be provided from the date th	iat the Childcare Request has been approved.	
childcare provider changes throughout the year. Once the Childcare Provider request form is ubmitted and approved, you will receive the same rate bi-weekly and you will be responsible for paying your childcare provider.		
A new Childcare Request Form must be submit	ted at the start of every academic year or if the current	
From:	To:	
Dates:	 Email:	
Address:		
□ Registered Daycare □ Private babysitter Name of Provider:		
Name: Type of childcare requested:		
Child 4:		
From:	To:	
Dates:	Email:	
	_	
Address:		
Name of Provider.		
Type of childcare requested:  Registered Daycare Private babysitter  Name of Provider:		