



**Nunatsiavut Government – EDUCATION DIVISION**

P.O. Box 116 Makkovik, NL AOP 1J0  
Email: [education@nunatsiavut.com](mailto:education@nunatsiavut.com)  
Website: [www.Nunatsiavut.com](http://www.Nunatsiavut.com)

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



**Childcare Request Form**

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

I am requesting bi-weekly 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: _____/_____/_____
Day Month Year	Day Month Year
Rate per day: _____ X # of Days: _____ = Total bi-weekly amount: _____	
<b>I understand that the total amount claimed may not be the amount that will be reimbursed due to set rates by the NG Education Division.</b>	
Initials: _____	

**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: _____	
Day	Month	Year	Day
Month	Year	Month	Year
Rate per day: _____ X # of Days: _____ = Total bi-weekly amount: _____			
<b>I understand that the total amount claimed may not be the amount that will be reimbursed due to set rates by the NG Education Division.</b>			
			Initials: _____

**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: _____	
Day	Month	Year	Day
Month	Year	Month	Year
Rate per day: _____ X # of Days: _____ = Total bi-weekly amount: _____			
<b>I understand that the total amount claimed may not be the amount that will be reimbursed due to set rates by the NG Education Division.</b>			
			Initials: _____

If requesting childcare for more than three children please contact: [education@nunatsiavut.com](mailto:education@nunatsiavut.com)

**Conditions:**

1. It is the Student's responsibility to ensure the information provided on this request is accurate and will submit a new request if the information changes at anytime.
2. It is the Student's responsibility to make childcare payments.
3. The Childcare Provider must be age of majority and CANNOT be a minor dependent of the student.
4. Childcare payments will be issued on a bi-weekly basis based on approval date. This support cannot be claimed retroactively. All fee's incurred before this support is approved is the responsibility of the student.
5. This support can be held if required information/documents have not been provided to the Education Division – See the Student Handbook for more details.
6. It is the student's responsibility to provide proof of registration/fees for registered daycares and afterschool care.
7. The Student is responsible for fees beyond the end of the Academic Year.

I \_\_\_\_\_ have read and agree to the conditions of this support and understand that I will  
Name  
refer to the Student Handbook if needed.

\*Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

Private Childcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

Private Childcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

**For Office Use Only:**

Approved:  Yes  No Verified on Applicant Declaration:  Yes  No

Dates Covered From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year Day Month Year

Amount Approved: \$ \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

Extension approved:  Yes  No From: \_\_\_\_\_ to \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Allocation:  PSSSP  ISETP ( EI  CRF)  IPSE

Revised June 2024