NUNATSIAVUT
kavamanga Government

Nunatsiavut Government Education Division
P.O. Box 116 Makkovik, NL A0P 1J0 www.nunatsiavut.com
Toll-free Phone: 1-877-923-2171 Fax: 1-709-923-2347

Childcare Allowance Request Form

Email all completed forms and supporting documents to: education@nunatsiavut.com Incomplete forms will not be accepted.

Student name: _____ Program: _____

Institution name: _____ Institution location: _____

Primary email address: _____ Primary phone number: _____

Mailing address while in training:

Street Address_____

City/Town _____

Province _____ Postal Code _____

Living arrangements during training:

☐ Renting/boarding ☐ Living with family

☐ Campus residence (Meal plan? ☐ Yes ☐ No)

☐ Own home ☐ Other: _____

Number of dependents requiring childcare: _____

Complete one section per child if requesting childcare allowance for more than one dependent.

Dependent 1:

Name: _____ Age: _____

Type of childcare requested: ☐ Registered Daycare ☐ Private babysitter ☐ Afterschool Care

Name of Provider: _____ Telephone #: _____

Address: _____ Cell Phone #: _____

_____ Email: _____

Dates required: From: _____ To: _____
Day / Month / Year Day / Month / Year

$_____ x _____ = _____ *e.g. $30.00/day x 8 days bi-weekly = $240.00 bi-weekly*
Rate per day **# of days bi-weekly** **Total bi-weekly amount** ***Actual amount will be based on set rates**

Dependent 2:

Name: _____ Age: _____

Type of childcare requested: ☐ Registered Daycare ☐ Private babysitter ☐ Afterschool Care

Name of Provider: _____ Telephone #: _____

Address: _____ Cell Phone #: _____

_____ Email: _____

_____

Dates required: From: _____ To: _____
Day / Month / Year Day / Month / Year

$_____ x _____ = _____
Rate per day **# of days bi-weekly** **Total bi-weekly amount**

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Dependent 3:

Name: _____ Age: _____

Type of childcare requested: ☐ Registered Daycare ☐ Private babysitter ☐ Afterschool Care

Name of Provider: _____ Telephone #: _____

Address: _____ Cell Phone #: _____

_____ Email: _____

Dates required: From: _____ To: _____
Day / Month / Year Day / Month / Year

$_____ x _____ = _____ *e.g. $30.00/day x 8 days bi-weekly = $240.00 bi-weekly*
Rate per day **# of days bi-weekly** **Total bi-weekly amount**

Dependent 4:

Name: _____ Age: _____

Type of childcare requested: ☐ Registered Daycare ☐ Private babysitter ☐ Afterschool Care

Name of Provider: _____ Telephone #: _____

Address: _____ Cell Phone #: _____

_____ Email: _____

_____

Dates required: From: _____ To: _____
Day / Month / Year Day / Month / Year

$_____ x _____ = _____
Rate per day **# of days bi-weekly** **Total bi-weekly amount**

Dependent 5:

Name: _____ Age: _____

Type of childcare requested: ☐ Registered Daycare ☐ Private babysitter ☐ Afterschool Care

Name of Provider: _____ Telephone #: _____

Address: _____ Cell Phone #: _____

_____ Email: _____

Dates required: From: _____ To: _____
Day / Month / Year Day / Month / Year

$_____ x _____ = _____
Rate per day **# of days bi-weekly** **Total bi-weekly amount**

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Conditions to Childcare Allowance:

1. It is the student's responsibility to ensure the information provided on this request is accurate and to submit a new request if the information provided here changes at any time.
2. It is the student's responsibility to pay their childcare provider.
3. A 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 fees incurred before this support is approved is the responsibility of the student.
5. This support can be held if deadlines are not met to submit required information and documents (see Student Handbook for all deadlines).
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
8. 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.
9. I understand that I may not receive the total bi-weekly amount(s) calculated in each previous section due to set childcare allowance rates as outlined in the Student Handbook.

I, _____, have read and agree to the conditions of this support and will refer to the
(student name)
Student Handbook as needed.

_____ _____
Student Signature **Date**

_____ _____
Private Childcare Provider Signature **Date**

_____ _____
Private Childcare Provider Signature **Date**

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 2026