NUNATSIAVUT
kavamanga Government

EDUCATION AND ECONOMIC DEVELOPMENT

PROTECTED HIGH
CONTAINS PERSONAL OR SENSITIVE INFORMATION

EDUCATION DIVISION

CHILDCARE ALLOWANCE REQUEST

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

Submit Form

Section 1: Student Infomation

Student Name:		**Primary Phone Number:**
Primary Email Address:		
Institution Name:	**Institution Location:**	
Address *(while in training)*:		**P.O. Box Number:**
City/Town:	**Province:**	**Postal Code:**

Living arrangements during training: ☐ Own home ☐ Renting/boarding ☐ Campus residence (Meal plan? ☐ Yes ☐ No) ☐ Living with family ☐ Other: _____

Number of dependents requiring childcare:

Section 2: Dependant Information - *Complete one section per child if requesting childcare allowance for more than one dependent.*

Dependant 1:

Full Name:		**Age:**
Type of childcare requested: ☐ Registered daycare ☐ Private babysitter ☐ Afterschool care		
Name of Provider:	**Phone Number:**	**Cell Number:**
Street Address:		**P.O. Box Number:**
City/Town:	**Province:**	**Postal Code:**
Email Address:		
Start Date:	**End Date:**	
Rate per day: $	**Number of days in bi-weekly period:**	**Total bi-weekly fee: $** 0

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

Dependant 2:

Full Name:		**Age:**
Type of childcare requested: ☐ Registered daycare ☐ Private babysitter ☐ Afterschool care		
Name of Provider:	**Phone Number:**	**Cell Number:**
Street Address:		**P.O. Box Number:**
City/Town:	**Province:**	**Postal Code:**
Email Address:		
Start Date:	**End Date:**	
Rate per day: $	**Number of days in bi-weekly period:**	**Total bi-weekly fee: $** 0

Section 2: Dependant Information - *continued*

Dependant 3:

Full Name:		**Age:**
Type of childcare requested: ☐ Registered daycare ☐ Private babysitter ☐ Afterschool care		
Name of Provider:	**Phone Number:**	**Cell Number:**
Street Address:		**P.O. Box Number:**
City/Town:	**Province:**	**Postal Code:**
Email Address:		
Start Date:	**End Date:**	
Rate per day: $	**Number of days in bi-weekly period:**	**Total bi-weekly fee: $** 0

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

Dependant 4:

Full Name:		**Age:**
Type of childcare requested: ☐ Registered daycare ☐ Private babysitter ☐ Afterschool care		
Name of Provider:	**Phone Number:**	**Cell Number:**
Street Address:		**P.O. Box Number:**
City/Town:	**Province:**	**Postal Code:**
Email Address:		
Start Date:	**End Date:**	
Rate per day: $	**Number of days in bi-weekly period:**	**Total bi-weekly fee: $** 0

Dependant 5:

Full Name:		**Age:**
Type of childcare requested: ☐ Registered daycare ☐ Private babysitter ☐ Afterschool care		
Name of Provider:	**Phone Number:**	**Cell Number:**
Street Address:		**P.O. Box Number:**
City/Town:	**Province:**	**Postal Code:**
Email Address:		
Start Date:	**End Date:**	
Rate per day: $	**Number of days in bi-weekly period:**	**Total bi-weekly fee: $** 0

Dependant 6:

Full Name:		**Age:**
Type of childcare requested: ☐ Registered daycare ☐ Private babysitter ☐ Afterschool care		
Name of Provider:	**Phone Number:**	**Cell Number:**
Street Address:		**P.O. Box Number:**
City/Town:	**Province:**	**Postal Code:**
Email Address:		
Start Date:	**End Date:**	
Rate per day: $	**Number of days in bi-weekly period:**	**Total bi-weekly fee: $** 0

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 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	**Amount Approved:**
Covered From:	**to**	
Approved By:	**Date:**	
Entered By:	**Date:**	
Extension Approved: ☐ Yes ☐ No	**From:**	**To:**
Signature:		**Date:**
Funding Allocation: ☐ PSSSP ☐ ISETP(☐ EI ☐ CRF) ☐ IPSE		

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