



Early Childhood Program APPLICATION FOR PROGRAM CONTRIBUTION



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INSTRUCTIONS

1. The following attachments **MUST** be included with your application:

- a) A detailed budget.
- b) An annual report from the previous year's operation.
- c) Proof of non-profit status (not required for a family day home).

2. When completed, send the top 2 copies of this application and all supporting documentation to the Education, Culture & Employment Office in your region:

Early Childhood Program
GNWT - EC&E
Box 1406
Fort Smith, NT
X0E 0P0

Phone: 872-7434
Fax: 872-4507

Early Childhood Program
GNWT - EC&E
Box 740
Fort Simpson, NT
X0E 0N0

Phone: 695-7329
Fax: 695-7351

Early Childhood Program
GNWT - EC&E
Box 1320
Yellowknife, NT
X1A 2L9

Phone: 766-5114/5107
Fax: 873-0243

Early Childhood Program
GNWT - EC&E
Bag Service #1
Inuvik, NT
X0E 0T0

Phone: 777-7436
Fax: 777-7218

Early Childhood Program
GNWT - EC&E
Box 147
Norman Wells, NT
X0E 0V0

Phone: 587-7160
Fax: 587-2612

APPLICANT INFORMATION

Name of Facility	Phone	Fax
Mailing Address	Postal Code	E-mail
Location		
Contact Person	Phone	

DETAILS OF OPERATION

Circle Month(s) Facility is Operational:	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Circle Day(s) Facility is Operational:	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Hours of Operation:				
								From:	To:			

SPACES AVAILABLE - *Not including Operator's own children*

Age	Full-Time	Part-Time	After-School	Indicate which spaces are designated for children who require additional support
1 - 24 months			X	
2 years			X	
3 to kindergarten			X	
Kindergarten			X	
Grade 1 up to 12 years	X	X		
Total				

APPLICANT CERTIFICATION

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and belief.

X _____
Applicant's Signature | Date - d/m/y

CHECKLIST - Have you included the following:

- A detailed budget
- An annual report from the previous year's operation
- Proof of non-profit status (where applicable)