

Licence Application

Please print clearly or type

Facility Information

Have you previously applied for and/or been licensed through the Manitoba Early Learning and Child Care office? Yes No

Facility Name:

Mailing address:

PO/Box # and Group #; building name; civic or municipal address etc.

City/town/municipality

Province

Postal Code

Location address:

Same as Mailing Address

Unit/suite #

building/house #

Street Name & Type

City/town/municipality

Province

Postal Code

Type of child care Applicant(s) wishes to provide

Please select the type of facility you wish to operate (e.g., School Age Child Care Centre). Within that type of facility, please specify the age groups you wish to provide care for and the number of children for each group (e.g. 15 School Age and 10 Kindergarten).

Full Time Child Care Centre

Infant (12 weeks up to 2 years)

Preschool (2 years to 6 years)

School Age (6 years up to 12 years) (This age category **cannot** be selected alone for this type of facility)

Nursery School

Other age groups or combinations: _____

Nursery School

Nursery (2 years up to 6 years)

Nursery (3 years up to 5 years)

Other age groups or combinations: _____

School Age Child Care Centre

Kindergarten (This age category **cannot** be selected alone for this type of facility)

School Age (6 years up to 12 years)

Nursery School

Other age groups or combinations: _____

Family Child Care Home

Infant (12 weeks up to 2 years)

Preschool (2 years up to 6 years)

School Age (6 years up to 12 years)

Other age groups or combinations: _____

Group Child Care Home

Infant (12 weeks up to 2 years)

Preschool (2 years up to 6 years)

School Age (6 years up to 12 years)

Other age groups or combinations: _____

Occasional Child Care Centre

Infant (12 weeks up to 2 years)

Preschool (2 years to 6 years)

School Age (6 years up to 12 years)

Other age groups or combinations: _____

Additional Information

What sessions do you wish to provide care?

(Please select at least one type)

Full Day

Half Day

Evening

Before School

Lunch

After School

Weekend

Overnight

Are you interested in accepting children who receive a fee subsidy? Yes No

If you are applying for a Centre or Nursery School licence, will your facility be incorporated as a non-profit entity?

Yes No

Applicant Information

- **Centre or Nursery School** licence applications must include a **minimum of 1** and up to a **maximum of 4** applicants.
- **Group Child Care Home** licence applications must include a **minimum of 2** and up to a **maximum of 4** applicants, 1 of which must reside within the licensed home.
- **Family Child Care Home** licence applications must include a **minimum of 1** and up to a **maximum of 4** applicants, 1 of which must reside within the licensed home.

Applicant 1

Full & complete legal name:

Last name First name Middle name

Previous name(s):

Last name First name Middle name

Last name First name Middle name

Contact Information:

Phone: Fax: Email:

Is this applicant the primary contact for this application? (There can only be **one** primary contact.) Yes No

Does this applicant reside in the location in which care is going to be provided? (Homes only) Yes No

What language does this applicant like to receive correspondence? English French Both

What method of correspondence does this applicant wish to use? Mail Fax E-Mail

Date applicant attended orientation (YYYY/MM/DD):

Applicant 2

Full & complete legal name:

Last name First name Middle name

Previous name(s):

Last name First name Middle name

Last name First name Middle name

Contact Information:

Phone: Fax: Email:

Is this applicant the primary contact for this application? (There can only be **one** primary contact.) Yes No

Does this applicant reside in the location in which care is going to be provided? (Homes only) Yes No

What language does this applicant like to receive correspondence? English French Both

What method of correspondence does this applicant wish to use? Mail Fax E-Mail

Date applicant attended orientation (YYYY/MM/DD):

Applicant 3

Full & complete legal name:

Last name First name Middle name

Previous name(s):

Last name First name Middle name

Last name First name Middle name

Contact Information:

Phone: Fax: Email:

Is this applicant the primary contact for this application? (There can only be **one** primary contact.) Yes No

Does this applicant reside in the location in which care is going to be provided? (Homes only) Yes No

What language does this applicant like to receive correspondence? English French Both

What method of correspondence does this applicant wish to use? Mail Fax E-Mail

Date applicant attended orientation (YYYY/MM/DD):

Applicant 4

Full & complete legal name:

Last name First name Middle name

Previous name(s):

Last name First name Middle name

Last name First name Middle name

Contact Information:

Phone: Fax: Email:

Is this applicant the primary contact for this application? (There can only be **one** primary contact.) Yes No

Does this applicant reside in the location in which care is going to be provided? (Homes only) Yes No

What language does this applicant like to receive correspondence? English French Both

What method of correspondence does this applicant wish to use? Mail Fax E-Mail

Date applicant attended orientation (YYYY/MM/DD):