fraserhealth

Application for Licence – Child Care

Facility Information

FACILITY NAME

TELEPHONE NUMBER ( )

PHYSICAL ADDRESS

Street City Province Postal Code

PREMISES ☐ Owned ☐ Leased

BUSINESS TYPE *(Check only one)*

☐ Sole Proprietorship (e.g. a person)
☐ Partnership (e.g. two or more individuals or companies)
☐ Not-for-Profit Organization / Society
☐ Local Government
☐ Indigenous Governing Body
☐ Board of Education
☐ Corporation

Proposed Care Programs

Will the facility provide overnight care? ☐ Yes ☐ No

Office Use Only

Types of Care Programs		Check all "service types" that apply	Proposed Capacity	Approved Capacity *(for data entry)*
301	Group Child Care (Under 36 Months)	☐		
302	Group Child Care (30 Months to School Age)	☐		
303	Preschool (30 Months to School Age)	☐		
304	Family Child Care	☐		
305	Group Child Care (School Age)	☐		
306	School Age Care on School Grounds	☐		
307	Recreational Care	☐		
308	Occasional Child Care	☐		
310	Multi-Age Child Care	☐		
311	In-Home Multi-Age Child Care	☐		
312	Child-Minding	☐		
	Maximum Capacity (# of children in care at any one time):			

Approved by LO:

Name *(please print)* Signature Date *(dd / mmm / yyyy)*

Licensee Information

LICENSEE NAME

TELEPHONE NUMBER ( )

BUSINESS ADDRESS

Street City Province Postal Code

E-MAIL ADDRESS

I have previously operated and/or managed a community care facility. ☐ Yes ☐ No

Designated Director Information (if a Corporation, Society or Board)

DESIGNATE DIRECTOR NAME	TELEPHONE NUMBER ( )
E-MAIL ADDRESS	

Province or Territory where Director resides? ☐ BC If other, please specify: _____

Will the Director agree to be available to respond to inquiries within 24 hours of request and provide financial or other records of the community care facility upon request? ☐ Yes ☐ No

Manager Information

MANAGER NAME	TELEPHONE NUMBER ( )
E-MAIL ADDRESS	

Is the Manager proposing to manage more than one licensed community care facility? ☐ Yes ☐ No

Mailing Address and Email Address for Receiving Correspondence

Mailing Address *(Check only one)*

☐ Same as Facility ☐ Same as Licensee

☐ Other Address

Street City Province Postal Code

E-MAIL ADDRESS	REPORTABLE INCIDENT E-MAIL ADDRESS

I am the Licensee / authorized by the Licensee to submit this Application for Licence.

The personal information collected relates directly to, and is necessary for program operation per Section 26 of the *Freedom of Information and Protection of Privacy Act*.

DATE *(dd / mmm / yyyy)*	NAME *(PLEASE PRINT)*	SIGNATURE

For office use only: Conditions or additional information to be placed on the licence