

Current Facility Information		
CURRENT FACILITY NAME	CURRENT MAXIMUM CAPACITY	EFFECTIVE DATE (dd / mmm / yyyy)
PHYSICAL ADDRESS		
Street	City	Province
Postal Code		

Please <input checked="" type="checkbox"/> the information you want to change on the licence (Complete only the applicable sections)	
<input type="checkbox"/> Facility Name	New Facility Name: _____
<input type="checkbox"/> Proposed Types of Care	Complete Section 1 below
<input type="checkbox"/> Capacity	Complete Section 1 below
<input type="checkbox"/> Licensee Address	Complete Section 2 below

Section 1 - Proposed Care Programs			
Types of Care Programs	Check all "service types" that apply	Proposed Capacity	Approved Capacity <i>(for data entry)</i>
	301 Group Child Care (Under 36 Months)	<input type="checkbox"/>	
302 Group Child Care (30 Months to School Age)	<input type="checkbox"/>		
303 Preschool (30 Months to School Age)	<input type="checkbox"/>		
304 Family Child Care	<input type="checkbox"/>		
305 Group Child Care (School Age)	<input type="checkbox"/>		
306 School Age Care on School Grounds	<input type="checkbox"/>		
307 Recreational Care	<input type="checkbox"/>		
308 Occasional Child Care	<input type="checkbox"/>		
310 Multi-Age Child Care	<input type="checkbox"/>		
311 In-Home Multi-Age Child Care	<input type="checkbox"/>		
312 Child-Minding	<input type="checkbox"/>		
Maximum Capacity (# of children in care at any one time):			

Section 2 – New Licensee Address
BUSINESS ADDRESS
Street
City
Province
Postal Code

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 <i>Freedom of Information and Protection of Privacy Act</i> .		
DATE (dd / mmm / yyyy)	NAME (PLEASE PRINT)	SIGNATURE

Approved by LO:		
Name (please print)	Signature	Date (dd / mmm / yyyy)

