



EARLY CHILDHOOD COMMISSION

APPLICATION FOR CERTIFICATE OF REGISTRATION

Tick (✓) where appropriate

**SECTION 1
DEMOGRAPHICS**

1. Date: _____
2. Name of Institution: _____
3. Name of Operator: _____
4. Mailing or home address _____
5. Telephone number _____
6. Address of the Early Childhood Institution _____
Street _____ Parish _____
7. Telephone number or telephone contact at the Early Childhood Institution _____

**SECTION 2
NATURE OF APPLICATION**

8. Type of Facility:
Day Care (birth - 3 years) Basic School/Pre-School (4 - 6 years)
9. Have you ever applied for or held an Early Childhood Institution Registration or Permit?
Yes No
10. If yes, state number _____
11. For what reasons are you applying?
 Registration Upgrade status
 Re-registration Other
12. New Facility Existing Facility
13. Expected Commencement Date (new facility) / / Commencement Date (existing facility) / /

**SECTION 3
STAFFING**

14. Categories of Staff and Qualifications

Title/Role	Qualification	Number
a. Director/Manager	NCTVET NVQ-J Level IV Bachelor in Education or Diploma in Teaching certificate in nursing or a degree in social work or child related field	_____
b. Lead Teacher	Bachelor in Education (B.Ed.) or Diploma in Teaching	_____
c. Associate Teacher	NCTVET NVQ-J Level 3 or Associate Degree in EC	_____
d. Assistant Teacher II	NCTVET NVQ-J Level 2 or equivalent qualification	_____
e. Assistant Teacher I	NCTVET NVQ Level 1 or equivalent qualification	_____
f. Other (please specify)	_____	_____

SECTION 4

EARLY CHILDHOOD SERVICES PROVIDED

- 16a. Number of children currently enrolled: _____
- 16b. Maximum enrollment _____
- 17. Ages of the children: <1yr 1yr 2yr 3yr 4yr 5yr 6yr 7yr 8yr
- 18a. Hours of Operation _____
- 18b. If special closing hours on Fridays, please indicate _____
- 19. **Additional Services offered:** Not Applicable
 After Care Summer School Other

SECTION 5
LEGAL REQUIREMENT

20. I have received a copy of the Standards for Early Childhood Institutions
 Yes No

I am aware of the legal requirements for the operation of Early Childhood Institutions as outlined by the Early Childhood Act and its Regulations. I hereby give consent to allow access to the Early Childhood Commission or its authorized representative to the Early Childhood Institution and records.

I understand that any false statements contained herein will make me subject to certain penalties as set out in the Regulations.

I understand that notification of any changes regarding demographics, nature of application, category of applicant, staffing and services provided must be immediately reported to the Early Childhood Commission.

Applicant's signature
_____ Date

FOR OFFICIAL USE ONLY:

Application Fees Collected
 Interview and inspection date _____

ENCLOSURES:

SECTION 6

- | | |
|---|--|
| <input type="checkbox"/> Two passport-sized photographs | <input type="checkbox"/> References X2 |
| <input type="checkbox"/> Report from Fire Brigade | <input type="checkbox"/> (Public Health) MOH Report |
| <input type="checkbox"/> Food Handler’s Permit (all employees) | <input type="checkbox"/> Medical Certificate (all employees) |
| <input type="checkbox"/> Name and Job Description of Employees | <input type="checkbox"/> Terms of Employment |
| <input type="checkbox"/> Details of Proposed Structure | <input type="checkbox"/> Police Record |
| <input type="checkbox"/> Floor Plan <input type="checkbox"/> Description of Structure | <input type="checkbox"/> Type of Accommodation |
| <input type="checkbox"/> Furniture and equipment | <input type="checkbox"/> Other (please specify) |

SECTION 7

Qualification	Number of Employees
<input type="checkbox"/> Paediatric First Aid, including rescue breathing and first aid for choking.	_____
<input type="checkbox"/> The use of Universal Precautions against Blood Borne Illnesses.	_____
<input type="checkbox"/> Recognizing Signs of Child Abuse.	_____
<input type="checkbox"/> Referral Mechanisms and Reporting Requirements under the Public Health Act.	_____
<input type="checkbox"/> Referral Mechanisms and Reporting Requirements under the Child Care and Protection Act.	_____