APPLICATION FOR LICENCE TO OPERATE DAY NURSERIES AND PRESCHOOL CENTRES

TO: Early Childhood Education Department
Curriculum Development Unit
Ministry of Education, National Reconciliation, and Information

THE CHIEF EDUCATION OFFICER/ PRE-SCHOOL SERVICES COMMITTEE

1. I hereby make application for a license to operate a Day Nursery/Preschool

known as: _____________________________________________________________

situated at: ______________________________________________________________________

And conducted between the hours of _____________ and _____________

On the specified days:
☐ Sunday ☐ Monday ☐ Tuesday
☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

During the months of:
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December
2. I certify that the particulars which are given hereunder are correct:

(a) Number of children catered for ______

☐ Females under 2 years _________________
☐ Males under 2 years _________________
☐ Females 3-5 years _________________
☐ Females 3-5 years _________________

(b) Number of children enrolled ______

☐ Females under 2 years _________________
☐ Males under 2 years _________________
☐ Females 3-5 years _________________
☐ Females 3-5 years _________________

(c) Types and number of meals served:

Breakfast _________________________________
Snack _________________________________
Lunch _________________________________
Tea _________________________________

(d) Type of building _________________________________

(e) Number of Rooms:

Area of rooms in square feet:

Name of Room __________________ square feet
Name of Room __________________ square feet
Name of Room __________________ square feet
Name of Room __________________ square feet
Name of Room __________________ square feet
Name of Room __________________ square feet
Name of Room __________________ square feet
Name of Room __________________ square feet
Name of Room __________________ square feet
Name of Room __________________ square feet
(f) Number of rest beds/seating accommodation ______

(g) No. of toilets ____________________
    No. of potties ____________________

(h) No. of taps : No. of Wash Stations:
    Indoors ______
    Outdoor ______

(i) Bathing facilities (state type) ____________________

(j) No. of doors and windows:
    Front____
    Back _____
    Sides _____

(k) Area of outdoor space ____________________

(l) First Aid Kit: Yes / No

(m) Fire extinguisher: Yes / No

3. Mission Statement

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

4. Vision Statement

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
5. Aims and Goals

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

6. Programme content

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
7. Owners and Employees

<table>
<thead>
<tr>
<th>Supervisor (s)/ Owner(s)</th>
<th>Level of Qualifications/ Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>________________________</td>
</tr>
<tr>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

Number of assistants employed

<table>
<thead>
<tr>
<th>Name (s)</th>
<th>Level of Qualifications / Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Volunteers (if any)

<table>
<thead>
<tr>
<th>Name (s)</th>
<th>Level of Qualifications / Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. The centre has been inspected by an officer of the Public Health Department and I endorse their inspection Certificate.

☐ Yes
☐ No

9. Date in which the centre was first opened: dd/mm/yyyy _______________

10. I shall hold myself responsible for the proper keeping of an Admission Register, Attendance Register, Safety Indoor and outdoor space and any other precautions set by the Ministry of Education/Pre-school Services Committee and for supplying at the end of each term in each year a report of the centre’s programmes in the following areas:

   (a) The number of weeks during which the centre was opened
   (b) The number of children on roll for each term
   (c) The average attendance per quarter

Name of Applicant (BOLD LETTERS): ____________________________________________
Signature of Applicant: _______________________________________________________
Date of Application dd/mm/yyyy: _____________________________________________

Name of Owner (if different from applicant): ____________________________________
Signature of Owner: (if different from applicant): ______________________________

OFFICIAL USE ONLY:
Name of receiving officer/personnel: ____________________________________________
Date Received dd/mm/yyyy: _________________________________________________
Submission of all required documents: ☐ Yes ☐ No
Name of Approving personnel/ officer: _________________________________________
Signature of Approving officer/personnel: _____________________________________
Date Approved: dd/mm/yyyy: ________________________________________________