

APPLICATION FORM
Licensed Child Care Centres and Family Home Child Care Agencies
Licensing Change Request Application

Please complete the following requested information. Requests will be reviewed within 6 weeks of a complete submission. Be sure to review the **Change Request Process** fully before completing this form. If you have any questions, please reach out to your Early Childhood Development Consultant or Licensing Officer.

Facility type:

- Child Care Centre
- Family Home Child Care Agency

Registered centre/agency name:

If there are multiple sites, name of the site for the proposed change:

Applicant/Licensee name:

Phone:

Email:

Centre/agency address: Street Town Prov Postal Code

Proposed Change(s)

Note: Age groups include

- infant: 0–17 months
- toddler: 18–35 months
- preschool: 36 months and over (not attending school)
- school age: pre-primary to 12 years

Type of change request Please check all areas below that will be impacted by the proposed change.	Current	Proposed
<input type="checkbox"/> Program	<input type="checkbox"/> full day <input type="checkbox"/> part day <input type="checkbox"/> school age	<input type="checkbox"/> full day <input type="checkbox"/> part day <input type="checkbox"/> school age
<input type="checkbox"/> Change in age range	<input type="checkbox"/> infant: <input type="checkbox"/> toddler: <input type="checkbox"/> preschool: <input type="checkbox"/> school age:	<input type="checkbox"/> infant: <input type="checkbox"/> toddler: <input type="checkbox"/> preschool:
Relocation: <input type="checkbox"/> temporary <input type="checkbox"/> permanent	Current address	Proposed address
<input type="checkbox"/> Registered name change	Current registered name:	Proposed registered name:
<input type="checkbox"/> Renovation (impacts the indoor or outdoor environment in a way that requires involvement of provincial or local agencies for fire prevention, health/safety, zoning, etc.)		
<input type="checkbox"/> Other (please note):		

Please describe the reason for the proposed change below. Include any implications this change could have on programming, families, the community, or staffing in the centre/agency. If you are seeking a change to program age range please demonstrate that there is an unmet need in the community such as waitlists, meeting existing capacity and population growth.

If the change request is approved, please state the date you wish to start under the proposed changes:

PLEASE CHECK BOX FOR SIGNATURE BY OPERATOR/BOARD CHAIR