

Licensing Change Request Application

Be sure to fully review the [Licensing Change Request](#) section of our website before completing this application. Applications will be reviewed within six weeks of a complete submission.



If you have any questions, please reach out to your Early Childhood Development Consultant or Licensing Officer.

License Information

License Type

- ☐ Child Care Centre
- ☐ Family Home Child Care Agency

Program Name

If there are multiple sites under your centre/agency, name the site for the proposed change:

Applicant/licensee name:

Phone:

Email:

Centre/Agency

Address:

City/town:

Province:

Postal code:

Proposed Changes

Type of Change Request	Current	Proposed
Please check all areas below that will be impacted by the proposed change.		
<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 Age groups include <ul style="list-style-type: none"> • infant: 0–17 months • toddler: 18–35 months • preschool: 36 months and over (not attending school) • school age: pre-primary to 12 years 	Current age range:	Proposed age range:
<input type="checkbox"/> Change in capacity	Current capacity:	Proposed capacity:
<input type="checkbox"/> Relocation <input type="checkbox"/> temporary <input type="checkbox"/> permanent	Current address: City/town: Postal code:	Proposed address: City/town: Postal code:
<input type="checkbox"/> Registered name change (through Registry of Joint Stock Companies)	Current registered name:	Proposed registered name:
<input type="checkbox"/> Renovation A renovation that will result in a change to the license	Proposed renovation:	
<input type="checkbox"/> Other proposed change:		

Reason for Proposed Change(s)

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 and/or capacity, please demonstrate that there is an unmet need in the community (waitlists, currently at full capacity, population growth, etc.).

If the change request is approved, please state the date you wish to start under the proposed changes (DD/MM/YYYY): _____

☐ By checking this box you are confirming that the operator/board chair has approved this change.

Applicant/licensee signature: _____

Date of application (DD/MM/YYYY): _____

Department Use Only—Reviewer Information

Name (print):	Title:
Signature:	Date of review (MM/DD/YYYY):