



Early Childhood Education Assistance Program Accumulated Hours Report

A requirement of the Nova Scotia Department of Education and Early Childhood Development Early Childhood Education Assistance Program is that every participant completes a report outlining the hours worked in a licensed child care centre or family home day care agency.

Please complete the section below and provide the completed report to:

Coordinator, Family Home Day Care & Early Childhood Education
Early Childhood Development Services
Early Years Branch
Department of Education and Early Childhood Development
PO Box 578
Halifax, NS B3J 2S9

Section 1 - Participant Information

Participant Name :		
Address :		
Street :	City/Town :	Postal Code :
Email :	Telephone	
	Home:	Cell:

In order to be eligible for reimbursement under the program, each participant must provide evidence of the accumulated hours worked in each centre/agency where the participant has been employed. These hours will be used to fulfill the commitment of working in a licensed child care centre or family home day care agency in Nova Scotia. These hours must be paid hours and cannot include volunteer hours.

Evidence must be provided from every centre/agency where hours were accumulated by :

- a. Having the director or designate of the centre/agency complete section 2 (page 2) or
- b. Providing original pay stubs for the required period (please attach) or
- c. Providing a letter from the director or designate of the centre/agency (please attach).

Based on the hours accumulated please total the number of hours and enter in the applicable space below:

- If this total is less than 1500 hours this report will be returned to the participant. The applicant can re-submit a report when 1500 hours has been accumulated.
- If total hours to report is greater than 1500 hours the number of hours above 1500 will be credited towards any remaining years of eligible reimbursement in this program.

TOTAL HOURS TO REPORT :	
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I, the undersigned, do hereby certify that all the information provided is true and complete to the best of my knowledge and belief. Signing below, I agree to comply with the Terms and Conditions of the Early Childhood Education Assistance Program.

Participant Signature	Print Name	Date



**Early Childhood Education Assistance Program
Accumulated Hours Report**

Section 2 - Licensed Child Care Centre or Family Home Day Care Agency Information

Note: It is the employee’s responsibility to advise the centre / agency of “From” and “To” dates for the following form.

CENTRE OR AGENCY

Name of Centre/Agency :				
Dates worked at this centre/agency :	From (DD/MM/YYYY) :	To (DD/MM/YYYY) :	Number of hours worked :	
Authorization (person completing this section) :				
Position/Title :	Phone Number (902) :			
I, the undersigned, do hereby certify that this information provided is true and complete to the best of my knowledge and belief.				
Authorization Signature	Print Name		Date	

Instruction:

- (1) The participant (employee) should advise the centre /agency what the time range is to report the number of hours worked.
- (2) If this is the first Accumulated Hours Report, the “From” date should be the same or after the “eligibility date” confirmed in the approval letter that was received by the participant;
- (3) If this is the subsequent years’ report, the time period which the hours are reported on should not overlap the time range reported last time. The “From” date in this form should be later than the “To” date in the previous report.

If the participant worked in more than one licensed child care centre or family home day care agency, please copy additional pages.



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Section 3 - To be completed by the Department of Education and ECD

Accumulated Hours Credited:	<input type="checkbox"/>	Year 1	<input type="checkbox"/>	Year 3
	<input type="checkbox"/>	Year 2	<input type="checkbox"/>	Year 4
Greater than 1500 Hours	<input type="checkbox"/>	Year 1	<input type="checkbox"/>	Year 3
_____ Credited:	<input type="checkbox"/>	Year 2	<input type="checkbox"/>	Year 4
Coordinator, Early Childhood Education				
Signature	Print Name		Date	