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 Building *Nunavut* Together
 Nunavut liuqatigiingniq
 Bâtir le *Nunavut* ensemble

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 Department of Education
 Ilinniaqtuliyiqyikkut
 Ministère de l'Éducation

Young Parents Stay Learning Application

Please submit to the following Early Childhood Program Offices:

Qikiqtani Region

Fax: (867) 473-2695

Ph: 1-833-930-3935

ECOQikiqtani@gov.nu.ca

Iqaluit

Fax: (867) 975-2517

Ph: 1-833-930-3938

ECOIqaluit@gov.nu.ca

Kivalliq Region

Fax: (867) 645-2127

Ph: 1-833-930-3936

ECOKivalliq@gov.nu.ca

Kitikmeot Region

Fax: (867) 983-4025

Ph: 1-833-930-3937

ECOKitikmeot@gov.nu.ca

Applicant Information

Name of Applicant			Birthdate (d/m/y)
First Name	Middle Name(s)	Last Name	
Mailing Address	Community	Phone Number	E-mail Address

Children Requiring Care (use another sheet if more space is required)

Name			Birthdate (d/m/y)
First Name	Middle Name(s)	Last Name	
Name			Birthdate (d/m/y)
First Name	Middle Name(s)	Last Name	

School Information

Name of School	Community	Course/Grade
# of Hours per Day	Start Date of School	Last Day of School

Child Care Information

Name of daycare or private caregiver	# of hours of care required per day
Manager or Private Caregiver's Signature	Cost per day

Signature of School Counselor or Principal

I support the above name student and believe that they will do their best in fulfilling their obligations with this program.

Name of School Counselor or Principal (please print)	Position
Signature	E-mail Address

Signature of Student

If I am approved for this program, I agree to attend school and do my best so that I can complete and pass my courses. I understand that my child can only attend the daycare when I am attending classes (or on recognized PD days, school holidays – other than the summer break, or with prior permission from the school counselor or principal. I agree to be responsible for any costs over and above what this program will pay. I understand that failure to fulfill these obligations may result in my removal from the program and in the loss of the childcare subsidy for my child/ren.

Signature	Date
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