



# Child Care Application for Tuition Reimbursement

Section 87 of *The Child Care Regulations, 2001* states the Minister may make a grant to a licensee of a facility for the reimbursement of tuition fees paid and required books purchased for courses in early childhood education that are successfully completed by a person for the purpose of meeting the requirements of these regulations.

As of September 1, 2010, all Tuition Reimbursement Grant submissions must be received within one year following the completion of an eligible class.

I hereby make application for the tuition reimbursement in respect to the following classes:

Name of ECE Employee/Caregiver \_\_\_\_\_

Birthdate: \_\_\_\_\_ (Year/Month/Day)

Course Name and Number	Institution	Date of Completion
1)		
2)		
3)		
4)		
5)		

<b>Child Care Facility Name:</b>		
<b>Child Care Facility Address:</b>	<i>Street/Box Number:</i>	
<i>City/Town:</i>	<i>Postal Code:</i>	
<i>Phone Number:</i>	<i>Email Address:</i>	
<b>Name of Early Learning &amp; Child Care Consultant:</b>		

Included is the **required documentation** confirming expenditures and successful completion of the above courses:

- Photocopy of tuition receipt from the Institution marked "paid". (Please write class name and number on receipt.)
- Photocopy of receipt for required books/resources marked "paid"
- Photocopy of transcripts or unofficial online transcripts from Institution indicating successful completion of classes.

I hereby certify that this information is correct.

**Date:** \_\_\_\_\_

Year/Month/Day

\_\_\_\_\_  
Signature of Board Representative/Family Child Care Home Provider

I certify that no previous or alternate claim has been made for the portion of the tuition fee for which we are requesting reimbursement (Income Tax, etc.).

**Date:** \_\_\_\_\_

Year/Month/Day

\_\_\_\_\_  
Signature of ECE Employee/Caregiver

**Submit Application to: Early Learning and Child Care Consultant**

**OFFICE USE ONLY**

**Class Eligibility Approval**

<b>Class Name &amp; Number</b>	<b>Eligible</b>	<b>Not Eligible (reason)</b>	<b>Tuition Amount</b>	<b>Book Amount</b>
1)				
2)				
3)				
4)				
5)				
<b>TOTAL</b>				
<b>GRAND TOTAL</b>				

**Grant Approval**

Facility Number: \_\_\_\_\_

Grant Type TS: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Grant Amount \$: \_\_\_\_\_

Start Date: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Year/Month/Day

Year/Month/Day

\_\_\_\_\_  
Recommended by Early Learning & Child Care  
Consultant

**Date:** \_\_\_\_\_  
Year/Month/Day

\_\_\_\_\_  
Recommended by Supervisor ELCC

**Date:** \_\_\_\_\_  
Year/Month/Day

\_\_\_\_\_  
Approved by Program Manager

**Date:** \_\_\_\_\_  
Year/Month/Day