



GOVERNMENT OF BERMUDA

**Department of Health****DAY CARE PROVIDER RENEWAL REGISTRATION FORM**Please return the completed form to [childcare@gov.bm](mailto:childcare@gov.bm) or to the address below.**Registration Period: Month of February**

<b>SECTION A: Day Care Provider Information</b>		
<input type="checkbox"/> Renewal of Registration		
Business Name:		
Provider's Name:		
Date of Birth (MM/DD/YYYY):		
Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
<i>Apt No.</i>	<i>Street Address</i>	<i>Parish and Postal Code</i>
Physical Address:		
<i>No.</i>	<i>Street Address</i>	<i>Parish and Postal Code</i>
Mailing Address : (if different from above):		
<i>Contact Details</i>		
Telephone number:	Cellular:	
Email address:		
<b>Emergency Contact Name and Relationship:</b>	<b>Telephone:</b>	
<b>Contact Details for CCRP Website</b>		
Email address:	Telephone #:	
<b>List all other household members 18 Years and older below as they are required to complete and submit a Magistrate Court Criminal Background Check and DCFS Child Abuse Clearance Form with a valid color copy of their Photo ID.</b>		
<b>Other Household Member's Names</b>		<b>Date of Birth (MM/DD/YYYY)</b>
1.		
2.		
3.		
4.		

Child Care Regulation Programme

Department of Health, Continental Building, 25 Church Street, Hamilton HM12

**Phone:** (+1 441) 278-4900**Email:** [childcare@gov.bm](mailto:childcare@gov.bm)

**SECTION B: Vetting Documents (*Only submit expired or missing vetting documents*)**

Document Type	Attached	Valid	Date of Expiry
CPR & First Aid Certification	<input type="checkbox"/>	Every 2 years	
SCARS Certification	<input type="checkbox"/>	Every 3 years	
Magistrates Court Background Check	<input type="checkbox"/>	Every 2 years	
DCFS Child Abuse Clearance Form	<input type="checkbox"/>	Every 2 years	
Government Medical Clearance Form	<input type="checkbox"/>	Every 5 years	
Valid Photo I.D.	<input type="checkbox"/>		
Vetting documents for members of household	<input type="checkbox"/>	As per above	
• Magistrates Court Background Check			
• DCFS Child Abuse Clearance Form			
Valid Photo I.D.			

**Additional Documents**

Annual Child Details form (Current children enrolled)	<input type="checkbox"/>	
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**SECTION C: Screening Questions** - Check Yes or No for all questions. If you answer yes to any of the following questions provide an explanation in the space below.

1. <b>In the last year</b> , have you been convicted of, pled guilty or no contest to a crime in Bermuda or any other country?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation:			
2. <b>In the last year</b> , have you had any disciplinary or probationary action taken against you by any licensing authority in Bermuda or another country? This includes probation, suspension, revocation or denial of a license.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation:			
3. <b>In the last year</b> , have you had any form of investigation or disciplinary action by any health or social services related agency in Bermuda or another country?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation:			

4. Do you have a mental or physical condition and/or drug or alcohol dependency which could interfere with your current ability to be a day care provider?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Explanation:		
<b>SECTION D: Policies and Procedures <u>(Only submit updated versions as necessary)</u></b>		
<b>Policy Type</b>	<b>Policy Attached</b>	
Enrollment Policy (Must):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Mandatory Reporters Policy (Must):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Fire and Emergency Evacuation Policy (Must):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Accident & Injury Policy (Should):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Sick Child Policy [Outbreaks/COVID/etc.] -administration of medication (Should):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
* Complaints Policy (Should):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Field Trip and Transportation Policy (Should):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Safe Sleep Policy- children under 1 year (Should):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Discipline Policy (Should):	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Open Door Policy (Should): <input type="checkbox"/> Parents <input type="checkbox"/> Visitors <input type="checkbox"/> Support services	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Indoor & Outdoor Space Photos: <b><i>(Please indicate location of outdoor space):</i></b> _____ _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b><u>* These 5 policies are on the S.T.A.R.S inspection.</u></b>		
<b>SECTION E: Approved Drinking Water Source</b>		
Please describe in writing your approved water source on your premises <i>(i.e. boiled water, pure water, water bottles, parents will provide spare water):</i>		
By initialing below, you agree that at any given time you will have the above approved water on site.		
Initials:		Date:

SECTION F: Annual Registration Fee					
	ANNUAL FEE	FEE INCLUDED		AMOUNT	
(a) Day Care Provider	\$30.00	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
(b) Late Fee*	50 % of Registration Fee	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Total Fee Enclosed:					
<p><b>*Late renewal of licence under paragraph (3) or certificate under paragraph (5), if the application is not received 2 weeks after the certificate expires (March 15<sup>th</sup>)- Government Fees Amendment (No.2) Regulations 2021 BR30/2021 Amends Head 14 (6)</b></p>					
<p><b>Fees are to be paid in full by bank transfer, cash, or cheque in person with the Child Care Regulation Programme Continental Building, 25 Church Street, Hamilton HM12</b></p> <p><b>Please make all cheques payable to The Accountant General</b></p> <p><b>Details for MOH bank account:</b>  <b>Ministry of Health account number: 010-723955-001(HSBC)</b>  <b>Beneficiary Name: Government of Bermuda – Health</b>  <b>Beneficiary Address: Continental Building, 25 Church Street, Hamilton HM12</b></p>					

**SECTION F: Declaration Statement: check each box after reading and signing below**

I, \_\_\_\_\_  
(Print name)

- ☐ I agree the information in this application and the information in any required or following documentation is true and accurate to the best of my knowledge. I understand that false statements may result in the denial or removal of my registration.
- ☐ I understand my application for registration as a day care provider in the community, if approved, may be suspended or revoked at any time there is significant concern, evidence, or allegation regarding fraudulent activities, abuse or neglect.
- ☐ I agree to notify the Child Care Regulation Programme of any changes to the information provided in this registration form.
- ☐ I agree for the Child Care Regulation Programme and/or MOH to contact relevant persons (including but not limited to regulatory and government entities) to verify the information provided in this Application.
- ☐ I agree that I will adhere to the Children Act 1998, and Childcare Standards 2018.

***I certify to the best of my knowledge that the information contained in this application is true and factual.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PATI Disclaimer:** This correspondence and any response thereof is subject to public disclosure under the Public Access to Information Act 2010. Most exempt records may be disclosed if it is in the public interest (s.21). Personal information, such as names and personal details of service users, patients, complaints, children and vulnerable adults, is exempt from disclosure (s.23). Information of people receiving discretionary benefit such as a licence is not personal information and can be disclosed (s.24 (1)). Commercial information and information received in confidence may be disclosed if it is in the public interest (s.25&s. 26)

OFFICE USE ONLY					
Application Complete:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	With Supporting Documents	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fee Payable: \$30.00			Fee Paid:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Receipt Number:			Entered Into Database:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Licence Number:			Approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Licence Issue Date:			Conditions:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Explain Conditions:					
Name of Officer: _____					
Signature of Officer: _____ Date: ____/____/____ dd mm yyyy					