



GOVERNMENT OF BERMUDA
Department of Health

APPLICATION
Day Care Centre Regulations, 1999

Please complete this application and return with payment to the:
Chief Environmental Health Officer
6 Hermitage Road, Devonshire, FI 01

Centre Name:

Address:

Parish

Postal Code

Phone No:

Cellular No:

Fax:

Email:

OPERATOR:

Home Address:

Parish

Postal Code

Phone No:

Cellular No:

Fax:

Email:

Hours of Operation:

STAFF

Person In Charge:

Deputy:

Other Staff:

*Driver of Vehicle:

^Maintenance Staff:

CPR Trained Staff:

Notes:

*Driver of vehicle = designated driver of day care vehicle: ^Maintenance staff (i.e. cleaners, cooks, etc.)

3. CHILDREN

Permitted # of Children: _____ # of Children registered: _____

Infants (0 to 12 months): _____ Toddlers (1 to 2 years): _____

2 year olds: _____ 3-5 year olds: _____

4. STRUCTURE AND UTILIZATION

Attach a blueprint or scaled drawing showing current classrooms, teachers and number or children, and the age group for each class/group, including external play area(s).

Please contact the Fire Department via e-mail fireprotection@gov.bm for your yearly inspection as soon as possible to obtain your Fire Certificate. Failure to do so will delay the release of your licence, and possible closure of your Day Care Centre.

5. PROGRAMME

Activities:

Food: Yes No

Transportation: Yes No

6. POLICIES IN PLACE (attach copies)

Insurance Policy: Yes No

Health Care: Yes No

Transportation: Yes No

Emergency Plan: Yes No

Discipline Policy: Yes No

Open Door Policy for Parents: Yes No

Signature of Applicant: _____ Date of Application: _____

Annual Licence Fees

Number of Children	Fee	No.
(a) Not More than 15	\$ 80.00	
(b) 16 to 30	\$ 159.00	
(c) More than 30	\$ 238.00	
Person-in-Charge:	\$ 25.00	
Deputy Person-in-Charge:	\$ 25.00	
Staff/Day Care Provider:	\$ 25.00	
Total Fees Enclosed \$		

Certification Fees

Cheques to be made payable to the Accountant General.

OFFICE USE ONLY

Licence #: _____

Date Licence Issued: _____

Inspection Form: _____

Fire Certificate: _____

Fee payable: \$ _____

Receipt #: _____

Nursery Certification:\$ _____

PIC Certified: Yes No

DPIC Certified: Yes No

Staff Registered: Yes No