



GOVERNMENT OF BERMUDA

Ministry of Health

Department of Health

**LICENCING APPLICATION
Day Care Centre Regulations, 1999**

**Please complete this application and return with payment to
the: Child Care Quality Assurance Programme**

**Ministry of Health
Continental Building
25 Church Street
Hamilton HM12**

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: (List staff with the classes they are assigned):

*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)

Notes

General Liability Insurance Policy:

Yes No

Health Care:

Yes No

CPR Certified:

Yes No

Scars Certified

Yes No

Fire Certificate

Yes No

Transportation:

Yes No

Emergency Plan:

Yes No

Discipline Policy:

Yes No

Open Door Policy for Parents:

Yes No

Signature of Operator: _____ Date of Application: _____

Annual Licence Fees

Number of Children	Fee	No.	Amount
(a) Not More than 15	\$ 84.00		
(b) 16 to 30	\$ 167.00		
(c) More than 30	\$ 250.00		
Person-in-Charge:	\$ 30.00		
Deputy Person-in-Charge:	\$ 30.00		
Total Fees Enclosed \$			

Certification Fees

**Cheques to be made payable to the Accountant General.
Now accepting credit and debit cards.**

OFFICE USE ONLY

Licence #:

Fee payable: \$

Certification Fee:\$

Receipt #:

Inspection Form:

Fire Certificate:

Date Licence Issued:

PIC Certified:

Yes No

DPIC Certified:

Yes No

Staff Registered:

Yes No