



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 Regulation 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)

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

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).

Name of Applicant: _____

Date of Application: _____

Signature of Applicant: _____

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.

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