



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**

Day Care Centre Name:

Physical Address:

No.	Street	Parish	Postal Code
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Phone No:

Cellular No:

Email Address:

OWNER OPERATOR:

Home Address:

No.	Street	Parish	Postal Code
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Phone No:

Cellular No:

Email Address:

Hours of Operation:

STAFF

Person In Charge:

Deputy Person in Charge 1:

Deputy Person in Charge 2:

Deputy Person in Charge 3:

List all other staff by their position:

*Name Driver(s) of School Vehicle:

^Names of Maintenance Staff:

List All CPR Certified Staff:

Notes:

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

3. CHILDREN

Permitted No. of Children: _____ No. of Children Registered: _____

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

Toddlers (2 to 3 years): _____ Toddlers (3 to 5 years): _____

4. STRUCTURE AND UTILIZATION

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

- Contact the Fire Department via e-mail fireprotection@gov.bm for your annual inspection giving enough time to obtain a current Fire Certificate.
- Your General Liability Insurance Policy must be renewed annually.
- **Failure to do so could delay the release of your licence, or 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

Fire Certificate:

Yes No

Occupancy Certificate:

Yes No

CPR Certified:

Yes No

Scars Certified:

Yes No

Sick Policy:

Yes No

Transportation Policy:

Yes No

Fire & Emergency Evacuation Policy:

Yes No

Discipline Policy:

Yes No

Open Door Policy for Parents:

Yes No

School Curriculum:

Yes No

Facility Floor Plans & Photos:

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: _____

Signature of Applicant: _____

Date of Application: ____ / ____ / ____
dd mm yyyy

Annual Licence Fees

Number of Children	Annual Fee	Fee Included	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 1:	\$ 30.00		
Deputy Person-in-Charge 2:	\$ 30.00		
Deputy Person-in-Charge 3:	\$ 30.00		
Total Fee Enclosed \$			

**Certification Fees
(One-time payment for new
PIC and DPIC's only)**

**Fees are to be paid in full by cash or cheque in person with the Child Care Regulation Programme
Continental Building, 25 Church Street, Hamilton HM12
Please make all cheques payable to The Accountant General**

FOR OFFICE USE ONLY

Licence #:

Licence Fee Payable: \$

PIC/DPIC Fee Payable:\$

Receipt #:

Inspection Date:

Inspection Grade:

Date Licence Issued:

Date Licence Expires:

PIC Qualified:

Yes No

DPIC Qualified:

Yes No

Staff Vetting Completed:

Yes No

Name of Officer: _____

Signature of Officer: _____

Date: ____ / ____ / ____
dd mm yyyy