

## **DAY CARE PROVIDER EXTRA CHILD EXEMPTION**

Please submit the form to <a href="mailto:childcare@gov.bm">childcare@gov.bm</a> or to the mailing address below.

Section A: Personal	Information						
Business Name:							
Providers Full Name:							
First Mi			liddle	ldle Last			
Physical Address:							
	No.	Street			Parish	Postcode	
Mailing Address: (if different from above	e)						
	No.	Street			Parish	Postcode	
Telephone:			Ce	llular:			
E-mail Address:							
Section B: <i>Children in Care</i> : Provide the names, ages and enrolment dates of children cared for without the exemption.							
Name	e of Child		Aį	ge	<b>Enrolment Date</b>	Expected Last Day	
		vide the nam	ne, age a	nd date	s for enrolment and la	st day for the child that	
will be the reason for the	ne exemption. e of Child:		Δ.	•	Enrolment date	Expected Last Day	
Ivairie	e or Cilia.		A	3e	Enrollment date	Expected Last Day	
Section D: <i>Reason for E</i> Children Act 1998, Sect		e provide a	brief exp	lanatio	n for the request for a	n exemption from the	
<ul> <li>□ For a period of to Centre or a pre-s</li> <li>□ Child indicated in □ Cover for anothe</li> <li>□ Other: Please income</li> </ul>	school or scho n Section C is o er Day Care Pr	ol). on a schoc ovider dur	ol break ing leav	ve (sick	c or holiday)	n is transitioning to a	

	ction E: Screening Questions: If you answer yes to any of the following question blanation.	s provide ar	1
1.	Have you been convicted of, pled guilty or no contest to a crime in Bermuda or any other country?	Yes	No
2.	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	No
3.	Have you had any form of investigation or disciplinary action by any health or social services related agency in Bermuda or another country?	Yes	No
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	No
5.	Have you applied for the extra child care exemption in the last 12 months?  If yes, please indicate for what time period:	Yes	No
Sec	tion (E) Explanation:		

By my signature:					
☐ 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 and possible prosecution.					
$\hfill \square$ 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 to contact relevant persons (including but not limited to regulatory and government entities) to verify the information provided in this application.					
<b>PATI disclaimer:</b> 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).					
Print Name:					
Signature:					
Date:					
OFFICE USE ONLY					
Decision by Programme Manager: ☐ Approved ☐ Denied					
PM Signature:(Programme Manager)					
DOH Signature: (Director of the Department of Health)					

Child Care Regulation Programme
Department of Health, Continental Building, 25 Church Street, Hamilton HM 12

