

Early Learning and Child Care Program Centre - Age Exemption Request Form

A. Facility Information	
Facility Name:	Facility Number:
E-mail:	Phone number:
Child Care Coordinator:	Subsidy Advisor:
B. Type of Age Exemption Request	
<input type="checkbox"/> Individual kindergarten child as school age child ✓ Complete the Family Information below <input type="checkbox"/> Multiple kindergarten children as school age children ✓ Attach document which includes each child's name, date of birth, attending full or half day kindergarten, parent/guardian's name(s) and requested start date <input type="checkbox"/> Infant as a preschool age child (existing infant program) <input type="checkbox"/> Infant as a preschool age child (non-existing infant program) <input type="checkbox"/> Infant less than age licensed for	
C. Family Information	
Child's Name:	Date of Birth (yyyy/mm/dd):
<input type="checkbox"/> Attending half day kindergarten and six years of age <input type="checkbox"/> Attending full day kindergarten <input type="checkbox"/> Not applicable	
Parent/Guardian's Name(s):	
Requested Start Date (yyyy/mm/dd):	
D. Facility Authorization	
<input type="checkbox"/> I certify I have obtained consent from the parent(s)/guardian(s) for this age exemption request. <input type="checkbox"/> I certify that the above information is accurate and that the facility is able to meet the needs and provide appropriate programming for the child/ren. In addition, I acknowledge that all applicable regulations, including fees will be applied.	
Director Name:	Date:

E. FOR OFFICE USE ONLY

Proportion of trained staff:

For Infant Age Exemption Requests Only

Number of exemptions currently in place:

Recommended Not Recommended

Child Care Coordinator Name:

Date:

Approved Not Approved

Approved Start Date (yyyy/mm/dd):

ELCC Specialist/Supervisor Name:

Date:

- c. Facility - **Provide copy to parent(s)/guardian(s)**
 Subsidy Advisor
 Child Care Coordinator