

Canada-wide Early Learning and Child Care (CWELCC) New Licence Application Service System Manager Confirmation Form¹.

For the purposes of complying with s.13.1 of O. Reg, 137/15, prior to submitting a licence application in the Child Care Licensing System (CCLS), please ensure that this document is completed and that you have consulted with your local service system manager (SSM) regarding your eligibility for Canada-wide Early Learning and Child Care (CWELCC) system funding or your intention not to enrol in CWELCC.

Section 1: Proposed Child Care Program Information

Applicant Name:	Name of the Child Care Centre / Home Child Care Agency:
Contact Name:	Child Care Centre Address / Home Child Care Agency Address:
Telephone Number:	Email:

For the above-mentioned application, I, _____ (insert applicant name),
am intending to:

- Enrol in CWELCC
(Child Care Centre applicants - proceed to section 2A)
(Home Child Care Agency applicants – proceed to Section 2B)

Or

- Not enrol in CWELCC. I am aware in choosing to opt out of CWELCC at the time of application there is no guarantee of CWELCC funding should I wish to apply at a later date. (proceed to sign off section)

¹ Any advice provided by a Service System Manager for the purposes of s.13.1 of O. Reg. 137/15 must be based on the information the Service System Manager has at the time. This advice does not constitute a decision or promise made for the purposes of s.77.1(4) of O. Reg, 137/15.

Section 2A: Child Care Centre Only (TO BE COMPLETED WHERE THE APPLICANT IS INTENDING TO ENROL IN THE CWELCC SYSTEM)

Proposed Child Care Program Age Groups and Capacities

Age Group	Age Range	Proposed Capacity	Proposed Alternate Capacity (N/A if not applicable)	Proposed Hours of Operation
Infant	Under 18 months			
Toddler	18 months up to 30 months			
Preschool	30 months up to 6 years			
Kindergarten	44 months up to 7 years			
Primary/Junior School Age	68 months or older but younger than 13 years			
Junior School Age	9 years or older but younger than 13 years			
Family Age Group	0 months or older but younger than 13 years			

Section 2B: Home Child Care Agency Only (TO BE COMPLETED WHERE THE APPLICANT IS INTENDING TO ENROL IN THE CWELCC SYSTEM)

Number of proposed contracted homes	Location of Homes At a minimum, you must provide the name of the CMSM/DSSAB where the homes will be located. More detailed information may be required prior to enrolment in CWELCC to ensure alignment with local growth plan (e.g., civic address of home).

Section 3: Signature

Applicant

I, _____ (insert name of applicant), confirm that all details provided above are accurate.

Printed Name:	Signature:
Date:	

Service System Manager Advice:

I, _____ (insert name of individual), confirm that:

- The applicant has been advised that based on the information provided at the time of consultation, should a licence be issued, their application for enrolment in CWELCC would be approved and funding provided for **all** eligible children that will receive care at this site.
- The applicant's proposed program does not align with the service system manager's directed growth plan and/or is not eligible for CWELCC funding.
- The applicant has advised that they are opting out of the Canada-wide Early Learning and Child Care (CWELCC) system.
- The applicant has been advised that the service system manager cannot confirm funding eligibility at this time as the SSM is currently working on targeted growth plans. The applicant has also been made aware that they can choose to proceed

with their application however, there is no guarantee of CWELCC funding. Should the applicant wish to enrol in CWELCC at a later date, they will be required to reapply to the SSM for funding.

Printed Name:
Title:
Address:
Service System Manager (Service Area):
Signature:
Date:

Please note that this document must be signed by the local service system manager (SSM) representative prior to uploading into CCLS.