

Request for Service Agreement With The District of Muskoka CHILD CARE PROGRAMS



NEW AGREEMENT

RENEWAL

Program Name:				
Contact Person:				
Address				
Phone Number:			Fax Number:	
e-mail Address:				
Program Type(s) (i.e. Centre –Based Day Nursery, After School, Nursery School, etc.)		1.		
		2.		
Please complete the following for each program type:				
Pgm	Capacity	Days of Operation/ week	Hours of Operation/ week	Months of Operation
1.				
2.				
Additional Information/ LIST CCEYA LICENSE NUMBERS:				

Please include the following with this submission

√	Item	Office Use Only
	Verification of incorporated status/Business License**	
	Copy of current CCEYA License	
	<i>For new providers only:</i> 1-year financial viability plan	
	Copy of Insurance coverage (\$2,000,000 liability)	
	Copy of Parent Handbook outlining services provided**	
	List of all Board Members (if applicable)	
	List of Board meeting dates for current year	
	List of current rate structure for each program/service provided	
	Written statement signed by board/manager agreeing to all the policies and procedures of the District of Muskoka	
	Board-signed Governance Quality Improvement statement committing to ongoing program participation (pls refer to QI Policy for guidelines)	
	Muskoka Child Protection Protocols Acknowledgement	

Office Use Only

Most Recent Financial Statement Reports on file	
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*** not required on renewal unless significant change has occurred. To be submitted at least every three years.*

**Forward this request to: Manager, Early Learning and Child Care
Muskoka Community Services
70 Pine Street, Bracebridge. ON P1L 1N3**

Signature of Applicant

Date