



## Application to Temporarily Place or Retain a Child in a Care Program

Applications to temporarily place or retain a child in a care program to which they would not otherwise be eligible should be addressed to your Licensing Officer.

Please complete all areas of this application and submit to your local Licensing Office. Attach additional pages as necessary.

1. Name and address of facility (including postal code): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Licence category and maximum capacity: \_\_\_\_\_

Names of Licensee and Manager: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Length of time retention/placement is required: \_\_\_\_\_

Start date of retention/placement: \_\_\_\_\_

End date of retention/placement: \_\_\_\_\_

Briefly outline the circumstances for the application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Explain why the temporary placement or retention is in the best interests of the child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Provide the following information:

- The limits or ratios specified for your facility in respect of the group size:

\_\_\_\_\_

- The number of children cared for at the facility at one time: \_\_\_\_\_

- The ratio of employees to children: \_\_\_\_\_

- The level of staff training at present and/or additional training that will be taken to support the needs of the child being temporarily placed or retained:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Other supportive measures that will be put in place to support the best interests of the child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- The names, ages, dates of birth and dates of attendance of the other children in care. **Please attach and submit with this form.**

5. A letter of support regarding your application for temporary placement or retention is required from the applicable child’s parent/guardian. **Please attach and submit with this form.**

Should you have any further questions, please contact your Licensing Officer.

I understand that an approval of this Temporary Placement or Retention application is dependent upon the specific child and grouping of children submitted at the time of application. Should enrollment change at any time during the approved period, this request becomes void and (if required for compliance) a new Temporary Placement or Retention application must be submitted and approved by Licensing prior to a new child entering care in the program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print

Signature: \_\_\_\_\_