



Nunatsiavut Government – EDUCATION DIVISION

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Childcare Claim Form

I, _____, confirm that I am enrolled in the _____
Student Name Program Name
Program at _____ in _____ and am receiving
Institution Name City/Town
Child care support from the Nunatsiavut Government while I am attending training.

Childcare Provider Information:

Name: _____

Telephone #: _____

Mailing Address: _____

Cell phone #: _____

Email address: _____

Dates covered for this claim: From: _____ To: _____

For Office Use Only:

Child's Name	Age	Childcare Provider	Rate per Day	# of Days	*Total amount	Comments

Total Amount of this Claim: _____

***Please note:** Total amount claimed may not be the amount that will be reimbursed due to set rates by the NG.

Childcare payments will be paid out to the student. It is the student's responsibility to pay the childcare provider. Claims can be submitted on Fridays to ensure payment to the student on Wednesdays. This childcare payment will be paid on a bi-weekly basis.

Childcare Provider's Signature (if applicable): _____ Date: _____

Student Signature: _____ Date: _____

For Office Use Only:

Approved: ☐ Yes ☐ No Amount Approved: _____

Approved by: _____ Date: _____

Entered by: _____ Date: _____

Funding Allocation: ☐ PSSSP ☐ ISETP (☐ EI ☐ CRF) ☐ IPSE

