



**MINISTRY OF EDUCATION
ST. VINCENT AND THE GRENADINES**

**APPLICATION FOR LICENCE TO OPERATE DAY
NURSERIES AND PRESCHOOL CENTRES**

**TO: Early Childhood Education Department
Curriculum Development Unit
Ministry of Education, National Reconciliation, and Information**

**THE CHIEF EDUCATION OFFICER/ PRE-SCHOOL
SERVICES COMMITTEE**

1. I hereby make application for a license to operate a Day Nursery/Preschool

known as : _____

situated at: _____

And conducted between the hours of _____ and _____

On the specified days:

- Sunday Monday Tuesday
 Wednesday Thursday Friday Saturday

During the months of:

- January February March April May June
 July August September October November December



2. I certify that the particulars which are given hereunder are correct:

(a) Number of children catered for _____

- Females under 2 years _____
- Males under 2 years _____
- Females 3-5 years _____
- Females 3-5 years _____

(b) Number of children enrolled _____

- Females under 2 years _____
- Males under 2 years _____
- Females 3-5 years _____
- Females 3-5 years _____

(c) Types and number of meals served:

Breakfast _____

Snack _____

Lunch _____

Tea _____

(d) Type of building _____

(e) Number of Rooms: _____

Area of rooms in square feet:

Name of Room _____ **square feet**

Name of Room _____ **square feet**

Name of Room _____ **square feet**

Name of Room _____ **square feet**

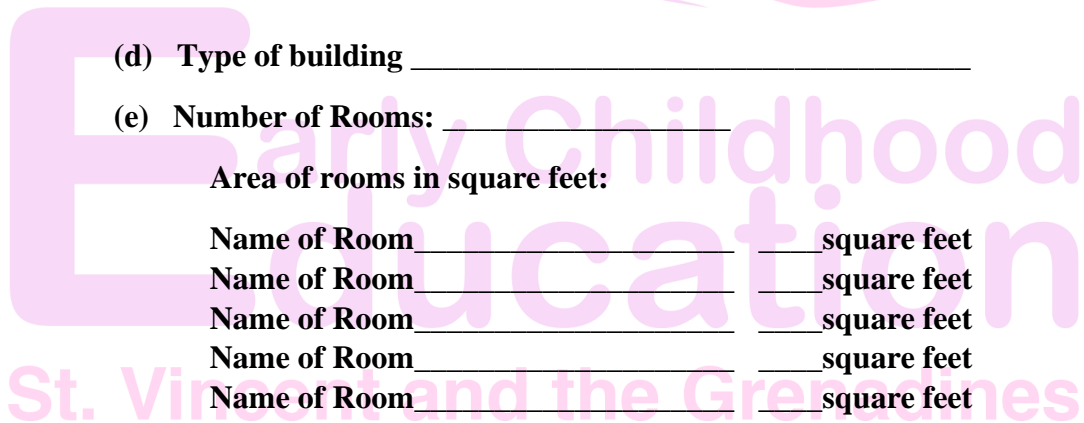
Name of Room _____ **square feet**

Name of Room _____ **square feet**

Name of Room _____ **square feet**

Name of Room _____ **square feet**

Name of Room _____ **square feet**





(f) Number of rest beds/seating accommodation _____

(g) No. of toilets _____

No. of potties _____

(h) No. of taps : No. of Wash Stations: _____

Indoors _____

Outdoor _____

(i) Bathing facilities (state type) _____

(j) No. of doors and windows:

Front _____

Back _____

Sides _____

(k) Area of outdoor space _____

(l) First Aid Ki : Yes / No

(m) Fire extinguisher: Yes / No

3. Mission Statement

4. Vision Statement

Early Childhood
Education
St. Vincent and the Grenadines



5. Aims and Goals

6. Programme content

**Early Childhood
Education**
St. Vincent and the Grenadines





7. Owners and Employees
Supervisor (s)/ Owner(s)

Level of Qualifications/ Training

Number of assistants employed

Name (s)

Level of Qualifications / Training

Volunteers (if any)

Name (s)

Level of Qualifications / Training

Early Childhood
Education
St. Vincent and the Grenadines



8. The centre has been inspected by an officer of the Public Health Department and I endorse their inspection Certificate.

Yes

No

9. Date in which the centre was first opened: dd/mm/yyyy _____

10. I shall hold myself responsible for the proper keeping of an Admission Register, Attendance Register, Safety Indoor and outdoor space and any other precautions set by the Ministry of Education/Pre-school Services Committee and for supplying at the end of each term in each year a report of the centre's programmes in the

Following areas:

(a) The number of weeks during which the centre was opened

(b) The number of children on roll for each term

(c) The average attendance per quarter

Name of Applicant (BOLD LETTERS): _____

Signature of Applicant: _____

Date of Application dd/mm/yyyy: _____

Name of Owner (if different from applicant): _____

Signature of Owner: (if different from applicant): _____

.....
OFFICIAL USE ONLY:

Name of receiving officer/personnel: _____

Date Received dd/mm/yyyy _____

Submission of all required documents: Yes No

Name of Approving personnel/ officer: _____

Signature of Approving officer/ personnel: _____

Date Approved: dd/mm/yyyy: _____