



INUVIALUIT REGIONAL CORPORATION INUVIALUIT EARLY CHILDHOOD APPLICATION FOR ASSISTANCE

PROGRAM DESCRIPTION

The Inuvialuit Early Childhood Program will provide funding that is universally accessible to Inuit Beneficiaries across Canada. It aims to address some of the social inequities that serve as needless barriers to Inuit, such as childcare, family support, and the cost of living far away from home and family.

Inuvialuit who are enrolled Beneficiaries of the Inuvialuit Final Agreement and who reside in Canada are eligible.

Checklist:

Completed signed application package (incomplete applications will not be accepted).
Two proofs of identification (i.e., health care card and Inuvialuit Beneficiary number).
Proof of identification for dependents (i.e., health care card or registration number).
Letter of acceptance into the child's program he/she is attending.

Contact

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INUVIALUIT EARLY CHILDHOOD ASSISTANCE APPLICATION

Please ensure you have read the instructions before completing. If not applicable, please complete the section with N/A. Please complete all sections.

A. Child Information					
Name of Child:			Name of Parent(s)/Guardian(s):		
Mailing Address:		Birthdate:			
Town/City: Postal Code:			Province/Territory: Contact Phone Number:		
Name of Emergency Contact:		Δdα	dress of Emergency Contact:		
Name of Emergency contact.		Address of Emergency Contact.			
Phone Number of Emergency Contact:		Relationship:			
C. Program Information Childcare Centre:			Full Physical and Mailing Addresses:		
Program Payment Information:			Program Type (only check one)		
			☐ Full-time ☐ Part-time ☐ After school		
D. Estimate of Expenses					
Details	Cost				
Cost per month					
# of months requested					
Total Cost of Request					

NOTE: All payments will be made directly to the childcare center upon invoice. Reimbursements to individuals will only be made after completion and acceptance of the application and require proof of direct payment to the childcare center. I confirm that all the information provided is complete and accurate. I confirm that I am not currently accepting support as a student for childcare purposes. I confirm that I am not currently receiving support for childcare under any other provincial, territorial, or federal subsidy program. I give permission to IRC to validate the above declaration. **Applicant Signature** Date INUVIALUIT EARLY CHILDHOOD PROGRAM **FUNDING AGREEMENT** The INUVIALUIT REGIONAL CORPORATION through a Contribution Agreement administered with Service Canada, is pleased to assist you with your childcare costs. Prior to funding, you, the parent, must agree to the following: 1. to submit a letter of acceptance into a Childcare program. 2. to notify the IRC Health and Wellness Division in writing of any changes in the child's childcare services. (the applicant; parent/guardian), have read and understand the above and agree to these conditions and requirements. I understand that failure to fulfill these requirements and conditions may result in my funding being suspended.

Date

Parent/Guardian Signature