Childc	are Centre:		Community:							
————Please	indicate period covere	ed:								
□ Apr-Jun □ July-Sept			□ Oct-Dec	Dec □ Jan-Mar		□ Fisc				
1. QU	ARTERLY ATTENDA	ANCE INFORM	IATION							
						Infant (0-2 years old)	<b>Preschool</b> (3-5 years old)	After School (6-12 years old)	Total	
Actual	quarterly attendance	by all children (In	uit & non-Inuit	t)						Е
Actual quarterly attendance of Children of Non-Inuit Parents										Α
Actual quarterly attendance by children of Inuit parents receiving the YPSL (Young Parents Stay Learning) or GN subsidy (under Family Services)										В
Actual quarterly attendance by children of Inuit parents registered for the Kakivak Childcare Program									С	
Childo	are Centre Enrolment	t Total Num	ber of Inuit Ch	nildren	:	То	tal Number o	f all Children:		
2. QU	ARTERLY CULTURA						SUPPORT C	OSTS		
			Comments are m		•	led out				
1	Cultural Activities co	ontent available?		Yes	No					
2	Inuktitut Languages	content available	?	Yes	No					
3	Special Needs conte	nt available?		Yes	No					
4	Parents/Family supp	ort available?		Yes	No					
5	Number of children	on wait list?	Infant:			Preschool:	Afte	r School:		

## **INUIT PARENTS OR GUARDIANS ONLY**

Please complete the following enrollment information for children with at least one Inuk parent/guardian only

	Name of Child	Parent(s)/Guardian(s) Name(s)	Infant 0-2 years old	<b>Preschool</b> 3-5 years old	<b>After School</b> 6-12 years old	YPSL	Date of Registration	Date Child Left
1								
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▷ና Phone 867-979-0911 | ሥታላማ Fax 867-979-3707 | **ላቦ**ቴ የርጋቱሳና ▷ና Toll free 1-800-561-0911

## **NON-INUIT PARENTS OR GUARDIANS**

Please complete the following enrollment information for children with Non-Inuit Parents/Guardians

	Name of Child	Parent(s)/Guardian(s) Name(s)	Infant (0-2 years old)	Preschool (3-5 years old)	After School (6-12 years old)	YPSL	Date of Registration	Date Child Left
1								
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▷ናዕ∟▷Ċ Phone 867-979-0911 | ८<sup>1</sup>७४७d Fax 867-979-3707 | **⊲**ቦናዕኄ ▷ናዕ∟▷Ċ Toll free 1-800-561-0911

STAFFING										
Mark <b></b> ✓	□ April-June	□ July-	□ October-Dece	ember						
Fiscal Year: 20/20										
Staff Name	Position	PT	PT Hours	FT	FT Hours	Total				
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
All eligible Inuit Parents/Guardians must have completed declaration forms for the current year and have them on at the Childcare Center. The Childcare Center agrees to submit financial statements to Kakivak as of March 31st.  Authorized Signature:  Date (dd/mm/yy):						file				
KAKIVAK USE ONLY										
Contract Number:	Date Received (dd/mm/yy):									

 Kakivak Association
 | 109-924 Mivvik Street, Iqaluit, NU, XOA 3HO | kakivak.ca
 | info@kakivak.ca

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