



ECE Apprenticeship Funding - Request for Reimbursement

Agency Information

Licensed Child Care Agency:

Contact Person:

Email:

Telephone:

Governing College

College of Apprentice:

Contact Person:

Email:

Telephone:

Apprentice Information

Apprentice Name:

Email:

Telephone:

Number of years working in the early learning and child care field:

Current position held in licensed child care agency (check all that apply):

Infant Educator

Toddler Educator

Preschool Educator

School Age Educator

Full-Time Position

Part-Time Position

Call-In Position

Support Position

Request for Reimbursement on behalf of the 1st year Apprentice (up to \$1500)

Please include a copy of the course enrollment and confirmation of the successful completion of courses

Request for Reimbursement on behalf of the 2nd/3rd year Apprentice (up to \$1500)

Please include a copy of the apprentice's certificate of completion

***In order to be considered for reimbursement, all requested information must be included.**

As a signing officer for this agency, I certify that the information included or attached to this request for reimbursement is accurate.

Name:

Position:

Signature: _____

Date:

Please submit completed form along with supporting documentation to Nancy McIntyre-Daly at wfdn@bellnet.ca.