

154 Prince William St. PO Box 1500 Saint John NB, E2L 4K3 Canada

## **Application for Nursery Schools and Day Care Centres**

Name of Applicant:	Policy Number:
Address:	
Business of Insured:	
# Years in Operation:	
Please fully complete the following questions:	
1. Number and ages of children:	
2. Number of children for which the facility is licensed:	
3. Number of care givers and qualifications:	
4. Complete description of premises including construct	tion, number of stories, exits, alarms:
5. Are fire drills conducted on a regular basis to ensure	safe evacuation of children?
6. Are drugs or medications administered? If so, give d	etails including medical and first aid training of staff:
7. Are parents requested to provide medical certificates	and emergency medical information (including special
conditions or allergies) and permission or waivers pri	or to allowing admittance into school or day care?
8. Please describe any food/snacks provided:	
9. Does the centre provide transportation for school age	children to and from Public Schools?
If yes, are children walked to school? Rat	tio of overseer to children:

If yes, are children driven	to school?	By whose vehicle:
		activities and transportation:
		ent such as swings, slides, jungle gyms, etc? If so, details on
	_	rea beneath, fencing surrounding same.
12. What are the regular hour	s of operation?	
_	_	e pickup of children by unauthorized persons?
		d? How?
_		lect and qualify potential employees:
Date		ignature of Insured