



ASSOCIATION OF EARLY  
CHILDHOOD EDUCATORS NL  
BUILDING THE FOUNDATION

**Association of Early Childhood Educators NL (AECENL)  
Authorization of Financial Delegate for Child Care Centres**

Please complete this form to authorize a financial delegate to verify documents on your behalf.

**Regulated Child Care Service Operating Name:** \_\_\_\_\_

**Regulated Child Care Service Physical Location:** \_\_\_\_\_

**Financial Delegate**

I do not wish to authorize a financial delegate to verify documents on my behalf. I the licensee will retain sole legal and financial responsibility for all information submitted.

I authorize the below named financial delegate to verify forms associated with the identified programs on my behalf. I understand that I retain legal and financial responsibility for the information so verified.

\_\_\_\_\_  
Name of Delegate (please print legibly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Delegate

\_\_\_\_\_  
Name of Witness (please print legibly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

**Licensee**

Program	Licensee Initials
ECE Trainee Bursary	
ECE Graduate Bursary	
ECE On-Campus Field Placement Bursary	
ECE Recruitment & Retention Grant	

\_\_\_\_\_  
Name of Licensee (please print legibly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Name of Witness (please print legibly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness