BRITISH COLUMBIA

Ministry of Education and Child Care

Affordable Child Care Benefit
Child Care Arrangement

The personal information collected by the Ministry of Education and Child Care on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act s. 26(c) for the purpose of administering the Early Learning and Child Care Act. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Service Centre at 1-888-338-6622 or inquire in writing to the address at the end of this form.

This form *must* be submitted with an Affordable Child Care Benefit application form (CF2900) to apply for benefits.

The *child care provider must complete sections 1–4*, and sign. The form must then go to the applicant to complete sections 5–8 and submit to the Child Care Service Centre.

1. What is your name and contact information?

Child Care Provider's or Licensee's Name (Last, First, Middle)	Daytime Phone	Secondary Phone
Saltair Childcare Society - Ridge Meadows	(236) 355-4032	(250) 585-7898
Facility Name (if applicable) (as it appears on the *Community Care and Assisted Living Act* licence)	**Supplier Number**	**Licence Number**
ILM-Silver Creek		TBIU-DVUTHW
Address (include apartment number and street name)	**City/Town**	**Postal Code**
63831 School Road	Hope	V0X 1L2
Mailing Address (if different than address above)	**City/Town**	**Postal Code**
3507 Littleford Road	Nanaimo	V9T 5J2

2. What type of child care do you provide?

Check ☑ the box that applies to you.

☑ Licensed Group child care	Includes under 36 months, 30 months to school age, multi-age, school age, and school age care on school grounds.
☐ Licensed Family child care	Includes in-home multi-age.
☐ Licensed Preschool	Is your Preschool open in the summer (July/August)? ☐ No ☐ Yes
☐ Registered licence-not-required [RLNR] child care	Is the child related to you? ☐ No ☐ Yes **Note:** In addition to children in your family (including extended family, i.e. grandchildren, nieces, nephews), RLNR and LNR child care providers may care for a maximum of two unrelated children or one sibling group at any one time.
☐ Licence-not-required [LNR] child care	

☐ Child care is provided in the child's home

a) Are you a relative of the child or a dependent of the parent?
☐ No ☐ Yes — Please describe your relationship to the child(ren): _____

b) Do you live in the same home as the child? ☐ No ☐ Yes

3. Child(ren) Name(s)

1.	Child's Last Name	First		Birth Date (yyyy/mmm/dd)
	Time of day child care is provided: From: _____ To: _____ From: _____ To: _____	Days/week: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun		☐ This child is enrolled in school (kindergarten and up)
	Start Date (YYYY/MMM/DD) / End Date (YYYY/MMM/DD)	Monthly Fee**: $ _____	Daily Fee**: $ _____	Full day rate for days of school closure: $ _____
2.	Child's Last Name	First		Birth Date (yyyy/mmm/dd)
	Time of day child care is provided: From: _____ To: _____ From: _____ To: _____	Days/week: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun		☐ This child is enrolled in school (kindergarten and up)
	Start Date (YYYY/MMM/DD) / End Date (YYYY/MMM/DD)	Monthly Fee**: $ _____	Daily Fee**: $ _____	Full day rate for days of school closure: $ _____

3. Child's Last Name	First	Birth Date (yyyy/mmm/dd)
Time of day child care is provided: From: _____ To: _____ From: _____ To: _____	Days/week: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun	☐ This child is enrolled in school (kindergarten and up)
Start Date (YYYY/MMM/DD) / End Date (YYYY/MMM/DD)	Monthly Fee**: $ _____	Daily Fee**: $ _____ / Full day rate for days of school closure: $ _____

**Monthly/Daily Fee is the parent's cost after Child Care Fee Reduction Initiative

4. The child care provider *must* sign and date this form in order for it to be accepted.

As the child care provider, I confirm I am required to notify the Child Care Service Centre immediately if there is a change to any information provided on this form or any subsequently provided information.

Child Care Provider's or Licensee's Name (please print)	Signature	Date Signed (yyyy/mmm/dd)
ALISHA NEUMANN		

The applicant must complete sections 5-8 and submit to the Child Care Service Centre.

5. What is your name?

Applicant's Last Name	First	Phone
		( )

6. What is your reason for submitting this form?

Check ☑ the box that applies.

Is this your first time applying for the Affordable Child Care Benefit?	☐ No ☐ Yes — Submit an **Application** to the Child Care Service Centre
Is the child care provider listed on this form replacing a previous child care provider?	☐ No ☐ Yes — Previous child care provider: _____
Is the child care provider listed on this form in addition to an existing child care provider?	☐ No ☐ Yes — Other child care provider: _____

Note: Child care service arrangements and agreements are between the parent and the child care provider. The ministry will not incur financial or other liability for any contractual disagreement between the parent and the child care provider. The ministry will only pay Affordable Child Care Benefit **after** eligibility has been determined and when a valid Benefit Plan is in place.

7. Declaration:

I confirm that the information provided in this Affordable Child Care Benefit Child Care Arrangement form is complete and accurate. **I understand that I am required to immediately supply information to the Child Care Service Centre if there is a change to any information provided here or any subsequently provided information.**

8. The applicant must sign and date this form in order for it to be accepted.

Applicant's Signature	Social Insurance Number	Date Signed (yyyy/mmm/dd)

Once completed, please fax or mail to the Child Care Service Centre

Toll Free Fax 1 877 544-0699
Toll Free Phone 1 888 338-6622

Mailing Address
Child Care Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3