

1. What is your name and contact information?

Child Care Provider's or Licensee's Name (Last, First, Middle)

Saltair Childcare Society

## Affordable Child Care Benefit Child Care Arrangement

Secondary Phone

(250)585 - 4619

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 *Child Care Subsidy 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.

Daytime Phone

(250)585 - 7898

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.

Facility Name (if applicable)					Supplier Number		Licence Number				
(as it appears on the Community Care and Assisted Living Act licence)							CFRN-BUKMT8				
	ss (include apartment number and street name)	1	City/Town				Postal Code				
100 - 4750 Hammond Bay Road  Mailing Address (if different than address above)			Nanaimo				V9T 5B1				
	g Address (if different than address above) 07 Littleford Road	Nanaimo					Postal Code V9T 2K8				
2. What type of child care do you provide?											
Check ☑ the box that applies to you.											
Ø	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)?							
	Registered licence-not-required [RLNR] child care			Is the child related to you?							
				Note: In addition to children in your family (including extended family, i.e. grandchildren, nieces, nephews), RLNR and LNR child care							
	Licence-not-required [LNR] child care			providers may care for a maximum of two unrelated children or one sibling group at any one time.							
	Child care is provided in the child's own 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. Cł	nild(ren) Name(s)										
1.	Child's Last Name	First				Birth Date	(yyyy/mmm/dd)				
	Time of day child care is provided:		····								
	From: To: Days/week: N					This child is enrolled in school (kindergarten and up)					
	From: To:		∐ Fr		Sat Sun	ositosi (kiindorganan arid ap)					
ľ	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fe			aily Fee**:		ate for days of school closure:				
		\$		_ \$.		\$					
2.	Child's Last Name	First				Birth Date	(yyyy/mmm/dd)				
	Time of day child care is provided:				П.,, П.,						
	From: To:	ek: Mon [	·	e Wed Thu		This child is enrolled in school (kindergarten and up)					
	From: To:		Fr	1 <u>L</u>	Sat Sun	501100	· (sorganon and ap)				
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fe	e**:	Da	aily Fee**:	Full day ra	ate for days of school closure:				
		\$		_ \$.		\$					

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3, Child's Last Name	First					Birth Date (yyyy/mmm/dd)					
Time of day child care	Time of day child care is provided:										
1	From: To:			]Tue [	☐ Thi	☐ This child is enrolled in					
From: To	Fri Sat Sun					school (kindergarten and up)					
	End Date (YYYY/MMM/DD)		Monthly Fee**:		Daily Fee**:		Full day rate for days of school closure:				
		\$		\$		\$					
**Monthly/Daily Fee is the p	arent's cost after Child Care	Fee Reducti	ion Initiative								
4. The child care provider <i>must</i> 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 New	mann		All				2023/				
7/110/12 1000		·	7/10			***************************************					
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.  Check ☑ the box that an apply ls this your first time apply	applies.			□ No	Submit on Appli	antian to	the Child Care Service Centre				
Is the child care provider li child care provider?	acing a pro					cation to the Child Care Service Centre					
Is the child care provider li existing child care provide	an	No Yes — Other child care provider:									
	•	al disagree	ment between t	he parer	nt and the child car	e provid	er. The ministry will only				
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 Num	ber	Date Signed (yyyy/mmm/dd)				
<u> </u>											

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