

1. What is your name and contact information?

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

## Affordable Child Care Benefit Child Care Arrangement

Secondary Phone

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

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.

Sa	Itair Childcare Society-I	nterior	(236) 421-00	81 ( )			
Facility	y Name (if applicable) appears on the Community Care and Assisted Living		Supplier Number	Licence Number			
J.	_M - Raiph Bell	Act licerice)		F-2023-50504			
	ss (include apartment number and street name)	City/Town		Postal Code V2C 4RR			
	30A Valleyriew Drive g Address (if different than address above)	Kaml	00/3	Postal Code			
	160 Pala Mesa Place	Kamlo	×ρς	V2B 4J2			
2. W	hat type of child care do you pro	vide?					
CI	neck 🗹 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 si	ummer (July/August)?			
	Registered licence-not-required [RLNR] ch	nild care	Is the child related to you?  No Yes  Note: In addition to children in your family (including extended family,				
	Licence-not-required [LNR] child care	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.					
	Child care is provided in the child's own ho	ome					
	a) Are you a relative of the child or a depe	endent of the parent? escribe your relationship to	o the child(ren):				
	b) Do you live in the same home as the ch	ild? 🗌 No 🔲 Ye	98				
3. Ch	ild(ren) Name(s)						
1.	Child's Last Name	First		Birth Date (yyyy/mmm/dd)			
I .							
	Time of day child care is provided:	D					
	From: To:	Days/week: Mon	☐ Tue ☐ Wed ☐ Thu	This child is enrolled in school (kindergarten and up)			
	From: To:		Fri Sat Sun				
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**:	Daily Fee**:	Full day rate for days of school closure:			
_		\$ First	[ \$	\$Birth Date (yyyy/mmm/dd)			
2.	Child's Last Name	THOL		Bitti Date (yyyyimmiwaa)			
•	Time of day child care is provided:	<u>.</u>					
	From: To:	Days/week: Mon	TueWedThu	☐ This child is enrolled in			
	From: To:		Fri Sat Sun	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:			
		\$	\$	\$			

	Child's Last Name	First		**************************************	Birth Date	A (provingential)	
					Birth Date (yyyy/mmm/dd)		
	Time of day child care is provided:				<u> </u>		
	From: To:	Days/week: Mon Tue Wed Thu			☐ This child is enrolled in		
	From: To:	☐ Fri ☐:		at Sun	scho	school (kindergarten and up)	
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**:	Daily I	ee**;	Full day r	ate for days of school closure:	
	**Monthly/Daily Fee is the parent's cost after Child Care				· · · · · · · · · · · · · · · · · · ·		
4 7-							
4. I	he child care provider <i>must</i> sign	and date this for	m in orde	er for it to be acc	cepted	•	
As ti any	ne child care provider, I confirm I am require information provided on this form or any sul	ed to notify the Child obsequently provided in	Care Service nformation.	Centre immediately	if there	is a change to	
Child	Care Provider's or Licensee's Name (please print)	Signature				Date Signed (yyyy/mmm/dd)	
Λ	lisha Neumann	1	)				
<u> </u>	11344 NEDINGIA	17.1		***************************************			
	applicant must complete sections 5 hat is your name?	-8 and submit to t	he Child (	Care Service Cen	itre.		
Applic	ant's Last Name	Firs	t		Ph	one	
					(	)	
	hat is your reason for submitting	this form?					
	heck ☑ the box that applies.  s your first time applying for the Affordable		No				
ls thi	s your first time applying for the Affordable	Child Care Benefit?			ation to th	e Child Care Service Centre	
Is thi		Child Care Benefit?	Ye		***********************		
Is the	s your first time applying for the Affordable e	Child Care Benefit?	Ye No	s — Submit an Applica	provider		
Is the	s your first time applying for the Affordable control care provider listed on this form replacare provider?	Child Care Benefit?  acing a previous  Idition to an  ments are between the disagreement between	Ye No Ye No Ye No Ye en parent and the parent the parent and the parent and the parent and the parent the pare	s — Submit an Applica s — Previous child care s — Other child care provi	ovider: _ ider. The provider:	ministry will not incur	
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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