

1. What is your name and contact information?

## 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 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.

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.

Child Care Provider's or Licensee's Name (Last, First, Middle ILM Education Center LTD)	•	Daytime Phone (250) 585 - 789	Secondary Phone (250) 585 - 7668		
Facility Name (if applicable)		Supplier Number	Licence Number		
(as it appears on the Community Care and Assisted Living of ILM - Little Tots	Act licence)		276400		
Address (include apartment number and street name) 3507 Littleford Road	City/Town Nanaim	16	Postal Code V9T 5J2		
Mailing Address (if different than address above)	City/Town		Postal Code		
2. What type of child care do you pro	vide?				
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)?			
Registered licence-not-required [RLNR] ch	ild 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			
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 ho	ome				
a) Are you a relative of the child or a depe ☐ No ☐ Yes — Please de		o the child(ren):			
b) Do you live in the same home as the ch	ild? 🗌 No 🔲 Ye	es			
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:	Days/week: Mon Tue Wed T		This child is enrolled in school (kindergarten and up)		
From: To:		Fri Sat Sun	Sonoon (Minderganter)		
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:	Days/week: Mon	Tue Wed Thu			
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:		
	\$	<u> </u>	\$		

3.	Child's Last Name	First			Birth Dat	e (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 school (kindergarten and up)	
	From: To:		☐ Fri ☐ S	Sat Sun	SCHO	or (kinderganen arid up)
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**:	Daily \$\$	Fee**;	Full day i	rate for days of school closure:
L	**Monthly/Daily Fee is the parent's cost after Child Car	re Fee Reduction Initia	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
, -						
4. 1	he child care provider <i>must</i> sign	and date this	form in ord	er for it to be ac	cepted	•
As ti any	he child care provider, I confirm I am requir information provided on this form or any su	red to notify the Cubsequently provide	hild Care Servio ded information.	e Centre immediatel	y if there	is a change to
Child	Care Provider's or Licensee's Name (please print)	Signatu	ıre			Date Signed (yyyy/mmm/dd)
1	flisha Neumann	A	Are			2023/
The	applicant must complete sections 5	5-8 and submit	to the Child	Care Service Ce	ntre	
		o dira dabilin		04/0 00/1/00 00/	1100.	
5. W	/hat is your name?					
Applic	cant's Last Name		First		Pl	none
					(	)
					<u>-</u>	
6. W	hat is your reason for submitting	g this form?				
C	heck 🗹 the box that applies.					
Is this your first time applying for the Affordable Child Care Benefit?						
Is th	· · · · · · · · · · · · · · · · · · ·	c Child Care Bene		lo es — Submit an <b>Appli</b> c	cation to t	he Child Care Service Centre
Is th	· · · · · · · · · · · · · · · · · · ·		"('	es — Submit an <b>Appli</b> o		
Is th	is your first time applying for the Affordable e child care provider listed on this form rep f care provider?	lacing a previous	""'	es — Submit an <b>Applic</b> lo es — Previous child ca		
Is th child Is th	is your first time applying for the Affordable e child care provider listed on this form rep	lacing a previous		es — Submit an <b>Applic</b> lo es — Previous child ca	re provide	
Is th child Is th exist	is your first time applying for the Affordable e child care provider listed on this form rep d care provider? e child care provider listed on this form in a ting child care provider?  Child care service arrangements and agre- financial or other liability for any contractu	addition to an ements are between the disagreement to the disagree	en the parent a petween the par	es — Submit an Applic to tes — Previous child care to tes — Other child care p the child care protent and the child care	re provide provider: vider. The	r:e ministry will not incur r. The ministry will only
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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