



BRITISH  
COLUMBIA

Ministry of Children  
and Family Development

## Affordable Child Care Benefit Child Care Arrangement

The personal information collected on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Child Care Subsidy Act*. The *Freedom of Information and Protection of Privacy Act* protects the personal information collected from unauthorized use and disclosure. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Service Center at 1 888 338-6622 or inquire in writing to the address at the end of this form.

CASE ID (office use only)

The purpose of this form is to establish eligibility for Affordable Child Care Benefits and indicates the applicant's child care arrangement. **A separate form is required for each child care provider.**

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) Tasha MacKinnon		DAYTIME PHONE (250) 4886331	SECONDARY PHONE (250) 4882227
FACILITY NAME (if applicable) (as it appears on the <i>Community Care and Assisted Living Act</i> licence) Kids Connection Uplands		SUPPLIER NUMBER 2877659	LICENCE NUMBER F-2020-39047
ADDRESS (include apartment number and street name) 145 Middle Bench Rd S	CITY/TOWN Penticton	POSTAL CODE V2A 8S7	
MAILING ADDRESS (if different than address above)	CITY/TOWN	POSTAL CODE	

### 2. What type of child care do you provide?

Check ☒ the box that applies to you.

<input checked="" type="checkbox"/> Licensed Group child care	Includes under 36 months, 30 months to school age, group multi-age child care, and school age child care.
<input type="checkbox"/> Licensed Family child care	Includes in-home multi-age child care.
<input type="checkbox"/> Licensed Preschool	Is your Preschool open in the summer (July/August)? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Registered licence-not-required [RLNR] child care	Is the child related to you? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Licence-not-required [LNR] child care	<b>Note:</b> 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.
<input type="checkbox"/> Child care is provided in the child's own home a) Are you a relative of the child or a dependent of the parent? <input type="checkbox"/> NO <input type="checkbox"/> YES — Please describe your relationship to the child(ren): _____ b) Do you live in the same home as the child? <input type="checkbox"/> NO <input type="checkbox"/> YES	

### 3. Child(ren) Name(s)

1. CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)		
Time of day child care is provided: From: <u>8am</u> To: <u>5pm</u> From: _____ To: _____	Days/week: <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input checked="" type="checkbox"/> This child is school age (kindergarten and up).		
Start Date (YYYY/MM/DD) 2022/Jul/01	End Date (YYYY/MM/DD) 2022/Aug/31	Monthly Fee**: \$ _____	Daily Fee**: \$ 40.00	Full day rate for days of school closure: \$ _____
2. CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)		
Time of day child care is provided: From: <u>8am</u> To: <u>5pm</u> From: _____ To: _____	Days/week: <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input checked="" type="checkbox"/> This child is school age (kindergarten and up).		
Start Date (YYYY/MM/DD) 2022/Jul/01	End Date (YYYY/MM/DD) 2022/Aug/31	Monthly Fee**: \$ _____	Daily Fee**: \$ 40.00	Full day rate for days of school closure: \$ _____

3. CHILD'S LAST NAME		FIRST	BIRTH DATE (YYYY/MM/DD)	
Time of day child care is provided: From: <u>8am</u> To: <u>5pm</u> From: _____ To: _____		Days/week: <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input checked="" type="checkbox"/> This child is school age (kindergarten and up).	
Start Date (YYYY/MM/DD) <u>2022/Jul/01</u>	End Date (YYYY/MM/DD) <u>2022/Aug/31</u>	Monthly Fee**: \$ _____	Daily Fee**: \$ <u>40.00</u>	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) Tasha MacKinnon	SIGNATURE 	DATE SIGNED (YYYY/MM/DD) 2022/May/02
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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 ( )
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**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?	<input type="checkbox"/> NO <input type="checkbox"/> YES — Submit an <b>Application</b> to the Child Care Service Centre
Is the child care provider listed on this form replacing a previous child care provider?	<input type="checkbox"/> NO <input type="checkbox"/> YES — Previous child care provider: _____
Is the child care provider listed on this form in addition to an existing child care provider?	<input type="checkbox"/> NO <input type="checkbox"/> 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/MM/DD)
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Once completed, please fax or mail to the Child Care Service Centre

Toll Free Fax 1877 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





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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) Tasha MacKinnon	DAYTIME PHONE (250) 4886331	SECONDARY PHONE (250) 4882227
FACILITY NAME (if applicable) (as it appears on the <i>Community Care and Assisted Living Act</i> licence) Kids Connection Uplands	SUPPLIER NUMBER 2877659	LICENCE NUMBER F-2020-39047
ADDRESS (include apartment number and street name) 145 Middle Bench Rd S	CITY/TOWN Penticton	POSTAL CODE V2A 8S7
MAILING ADDRESS (if different than address above)	CITY/TOWN	POSTAL CODE

### 2. What type of child care do you provide?

Check ☒ the box that applies to you.

<input checked="" type="checkbox"/> Licensed Group child care	Includes under 36 months, 30 months to school age, group multi-age child care, and school age child care.
<input type="checkbox"/> Licensed Family child care	Includes in-home multi-age child care.
<input type="checkbox"/> Licensed Preschool	Is your Preschool open in the summer (July/August)? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Registered licence-not-required [RLNR] child care	Is the child related to you? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>Note:</b> 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.
<input type="checkbox"/> Licence-not-required [LNR] child care	
<input type="checkbox"/> Child care is provided in the child's own home a) Are you a relative of the child or a dependent of the parent? <input type="checkbox"/> NO <input type="checkbox"/> YES — Please describe your relationship to the child(ren): _____ b) Do you live in the same home as the child? <input type="checkbox"/> NO <input type="checkbox"/> YES	

### 3. Child(ren) Name(s)


1. CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)
Time of day child care is provided: From: 7:30am To: 8:45am From: 2:30pm To: 5:30pm	Days/week: <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input checked="" type="checkbox"/> This child is school age (kindergarten and up).
Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Monthly Fee**: \$330.00
		Daily Fee**: \$16.50
		Full day rate for days of school closure: \$
2. CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)
Time of day child care is provided: From: 7:30am To: 8:45am From: 2:30pm To: 5:30pm	Days/week: <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input checked="" type="checkbox"/> This child is school age (kindergarten and up).
Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Monthly Fee**: \$330.00
		Daily Fee**: \$16.50
		Full day rate for days of school closure: \$

3. CHILD'S LAST NAME		FIRST	BIRTH DATE (YYYY/MM/DD)	
Time of day child care is provided: From: <u>7:30am</u> To: <u>8:45am</u> From: <u>2:30pm</u> To: <u>5:30pm</u>		Days/week: <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		<input checked="" type="checkbox"/> This child is school age (kindergarten and up).
Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Monthly Fee**:	Daily Fee**:	Full day rate for days of school closure:
		\$ <u>330.00</u>	\$ <u>16.50</u>	\$ _____

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

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CHILD CARE PROVIDER'S OR LICENSEE'S NAME (please print)	SIGNATURE	DATE SIGNED (YYYY/MM/DD)
Tasha MacKinnon		2022/May/02

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 (   )
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**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?	<input type="checkbox"/> NO <input type="checkbox"/> YES — Submit an <b>Application</b> to the Child Care Service Centre
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1. CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)
Time of day child care is provided: From: 2:30pm To: 5:30pm From: _____ To: _____	Days/week: <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input checked="" type="checkbox"/> This child is school age (kindergarten and up).
Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Monthly Fee**: \$280.00
		Daily Fee**: \$14.00
		Full day rate for days of school closure: \$ _____
2. CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)
Time of day child care is provided: From: 2:30pm To: 5:30pm From: _____ To: _____	Days/week: <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input checked="" type="checkbox"/> This child is school age (kindergarten and up).
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		Daily Fee**: \$14.00
		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: <u>2:30pm</u> To: <u>5:30pm</u> From: _____ To: _____		Days/week: <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input checked="" type="checkbox"/> This child is school age (kindergarten and up).	
Start Date (YYYY/MMM/DD)	End Date (YYYY/MMM/DD)	Monthly Fee**: \$ <u>280.00</u>	Daily Fee**: \$ <u>14.00</u>	Full day rate for days of school closure: \$ _____

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Tasha MacKinnon		2022/May/02

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APPLICANT'S LAST NAME	FIRST	PHONE ( )
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