



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)	

disclo	ersonal information collected from unauthorized use a pure of this information, please call the Child Care Ser					
The p	of this form. Surpose of this form is to establish eligibility for Af	fordable Child Care I	Benefits and	I indicates the applicant's		
110000000000000000000000000000000000000	red for each child care provider. child care provider must complete s	actions 1 4 and	d sign Th	a form must than as	to the applicant to complete	
	ions 5–8 and submit to the Child Care		u sign. III	e ionn must then go	to the applicant to complete	
	hat is your name and contact in					
	D CARE PROVIDER'S OR LICENSEE'S NAME (Last,			DAYTIME PHONE	SECONDARY PHONE	
Tas	na MacKinnon			(250)4886331	(250)4882227	
FACILITY NAME (if applicable) (as it appears on the Community Care and Assisted Living Act licence)				SUPPLIER NUMBER	LICENCE NUMBER	
	Connection Uplands	, ict iiconico,		2877659	F-2020-39047	
	RESS (include apartment number and street name)	CITY/TOV			POSTAL CODE	
	Middle Bench Rd S	Penticto			V2A 8S7	
MAIL	.ING ADDRESS (if different than address above)	CITY/TOV	VN		POSTAL CODE	
2. V	/hat type of child care do you pro	vide?				
	Check ☑ the box that applies to you.					
V	Licensed Group child care	Re (W			nonths to school age, group multi-age child	
H				care, and school age child care.		
	Licensed Family child care			Includes in-home multi-age child care.		
Ш	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		
	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 h	ome				
	a) Are you a relative of the child or a depo			child(ren):		
	b) Do you live in the same home as the c	nild? NO [YES			
3. 0	hild(ren) Name(s)					
1.	CHILD'S LAST NAME	FIRST			BIRTH DATE (YYYY/MMM/DD)	
	Time of day child care is provided:					
	From: 8am To: 5pm	Days/week:	MON 🗹	TUE WED THU		
	From: To:		✓ FRI	SATSUN	(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:	
	2022/Jul/01 2022/Aug/31	\$		\$40.00	\$	
2.	CHILD'S LAST NAME	FIRST			BIRTH DATE (YYYY/MMM/DD)	
	Time of day child care is provided:	<u> </u>				
	From: 8am To: 5pm	Days/week:	MON 🗸	TUE WED THU	☐ This child is school age	

FRI SAT SUN

Daily Fee**:

\$ 40.00

Monthly Fee**:

From: _____ To:

2022/Jul/01

Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)

2022/Aug/31

(kindergarten and up).

Full day rate for days of school closure:

3. CHILD'S LAST NAME	FIRST			BIRTH D	ATE (YYYY/MMM/DD)
Time of day child care is provided: From: 8am To: 5pm From: To:	Days/week: 🗹 i	MON V TUE			s child is school age dergarten and up).
Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD) 2022/Jul/01 2022/Aug/31	Monthly Fee**:	Daily Fee			rate for days of school closure:
**Monthly/Daily Fee is the parent's cost after Child Care	Fee Reduction Initiativ			a	
4. The child care provider must sign As the child care provider, I confirm I am req information provided on this form or any subs	uired to notify the	Child Care Service			
CHILD CARE PROVIDER'S OR LICENSEE'S NAME (pleas	se print) SIGNAT)			DATE SIGNED (YYYY/MMM/DD)
Tasha MacKinnon	4	Mac	le		2022/May/02
5. What is your name? APPLICANT' S LAST NAME		FIRST		F	HONE
6. What is your reason for submitting Check ☑ the box that applies.	g this form?				
Is this your first time applying for the Affordable	Child Care Benef		— Submit an App	lication to	the Child Care Service Centre
Is the child care provider listed on this form replicability care provider?	lacing a previous	☐ NO ☐ YES	— Previous child o	are provid	ler:
Is the child care provider listed on this form in a existing child care provider?	ddition to an	□ NO	— Other child care		
Note: Child care service arrangements and agree financial or other liability for any contractus pay Affordable Child Care Benefit after eli	al disagreement b	etween the paren	t and the child ca	re provid	er. The ministry will only
7. Declaration: I confirm that the information provided in this understand that I am required to immediate information provided here or any subsequence.	ely supply inform	nation to the Chi	Care Arrangeme	nt form is Centre if	complete and accurate. I there is a change to any
8. The applicant must sign and date t	his form in or	der for it to b	e accepted.		
APPLICANT'S SIGNATURE	9000 0000000000000000000000000000000000		SOCIAL INSURANC	E NUMBER	R DATE SIGNED (YYYY/MMM/DD)

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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disclo	osure of this information, please call the Child Care Servist fit is form.					
The p	ourpose of this form is to establish eligibility for Aff	ordable Child Care Ber	nefits and	indicates the applicant's ch	nild care arrangement. A separate form is	
101000 mm	red for each child care provider. child care provider must complete se	ections 1–4 and s	sian Th	e form must then an to	the applicant to complete	
	ions 5–8 and submit to the Child Care S	and the second s	ngii. iii	o form made after go a	o the applicant to complete	
1. W	/hat is your name and contact info	ormation?				
CHIL	D CARE PROVIDER'S OR LICENSEE'S NAME (Last, F	irst, Middle)		DAYTIME PHONE	SECONDARY PHONE	
Tas	ha MacKinnon	#		(250)4886331	(250)4882227	
(as it	ILITY NAME (if applicable) appears on the Community Care and Assisted Living A Connection Uplands	Act licence)		SUPPLIER NUMBER 2877659	F-2020-39047	
	RESS (include apartment number and street name) Middle Bench Rd S	CITY/TOWN Penticton		Į.	POSTAL CODE V2A 8S7	
	LING ADDRESS (if different than address above)	CITY/TOWN			POSTAL CODE	
	,				7 55 11 2 5 5 2	
2 W	Vhat type of child care do you pro	vide?	-	37.5. F. 10. 30.00.		
	Check ✓ the box that applies to you.	viac:				
V	Licensed Group child care			es under 36 months, 30 mo and school age child care.	onths to school age, group multi-age child	
	Licensed Family child care	2.000	Includes in-home multi-age child care.			
	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		
	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	ndent of the parent? escribe your relationshi	ip to the c	hild(ren):	/	
	b) Do you live in the same home as the ch	ild? 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:	Days/wook: 1 MC	лы Го т	UE WED THU		
	From: 2:30pm To: 5:30pm		FRI [sat sun	This child is school age (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:	
		\$330.00		16.50	\$	
2.	CHILD'S LAST NAME	FIRST			BIRTH DATE (YYYY/MMM/DD)	
	Time of day child care is provided:	8		88		
	From: 7:30am To: 8:45am	Days/week: MC	ON 🔽 1	TUE WED THU	☑ This child is school age	

FRI SAT SUN

Daily Fee**:

_{\$} 16.50

Monthly Fee**:

\$330.00

CF2798 (18/08)

From: 2:30pm To: 5:30pm

Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)

(kindergarten and up).

Full day rate for days of school closure:

FIRST BII	DTU DATE (VOOV/MAN/DD)
	RTH DATE (YYYY/MMM/DD)
Days/week: MON TUE WED THU FINDS	This child is school age (kindergarten and up).
	ull day rate for days of school closure:
\$ 330.00 \$ 16.50	\$
er Child Care Fee Reduction Initiative Ist sign and date this form in order for it to be acce In I am required to notify the Child Care Service Centre immediately or any subsequently provided information.	epted. y if there is a change to any
NAME (please print) SIGNATURE	DATE SIGNED (YYYY/MMM/DD)
Placter	2022/May/02
FIRST	PHONE ()
bmitting this form?	

Affordable Child Care Benefit? NO YES — Submit an Applicati	ion to the Child Care Service Centre
Anordable Child Care Benefit?	
YES — Submit an Application of the Property of	provider:
YES — Submit an Application of the form replacing a previous of the form in addition to an NO	provider: vider: er. The ministry will not incur are rovider. The ministry will only
YES — Submit an Application of the previous of	provider: vider: er. The ministry will not incur rovider. The ministry will only an is in place.
YES — Submit an Application of the Care Benefit? YES — Submit an Application of the Care Benefit Child Care Arrangement for immediately supply information to the Child Care Service Centile of the Care Service of the Care Service Centile of the Care Service of the Care Service Centile of the Care Service Centile of the Care Service Centile of the Care Service of the Care Service of the Care Service Centile of the Care Service of the Care Service of the Care Service Centile of the Care Service Centile of the Care Service of the Care Service Centile of the Care Service	provider: vider: er. The ministry will not incur rovider. The ministry will only an is in place.
YES — Su s form replacing a previous s form in addition to an NO YES — Pre and agreements are between the parent and the cl contractual disagreement between the parent and the paren	evious child care her child care pro hild care provid the child care p valid Benefit PI Arrangement fo

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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	vour	name	and	contact	information?
----	------	----	------	------	-----	---------	--------------

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

2. What type of child care do you provide?

~	Licensed Group child care	Includes under 36 months, 30 months to school age, group multi-age child care, and school age child care.					
	Licensed Family child care	Includes in-home multi-age child care.					
	Licensed Preschool	Is your Preschool open in the summer (July/August)?					
	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,					
	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 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?	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: 2:30pm To: 5:30pm From: To:	Days/week: MON TUE WED THU		☑ This child is school age (kindergarten and up).		
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD) Monthly Fee**: Daily Fee**: \$280.00 \$ 14.00		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: 2:30pm To: 5:30pm From: To:	Days/week: MON VTUE WED VTHU		This child is school age (kindergarten and up).		
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**: \$280.00	Daily Fee**: \$ 14.00	Full day rate for days of school closure:		

3.	CHILD'S LAST NAME			FIRST				BIRTH D	BIRTH DATE (YYYY/MMM/DD)	
	Time of day child care is provided:					••••••				
	From: 2:30pm To	_{o:}	Days/week: 🗹 MON			TUE [WED THU	This child is school age (kindergarten and up).		
	From: To	0:			✓ FRI	FRI SAT SUN				
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)		Monthly Fe	Monthly Fee**:		Daily Fe	Daily Fee**:		Full day rate for days of school closure:	
		\$ <u>280.00</u>		\$ <u>14.00</u>)	\$			
*	*Monthly/Daily Fee is the p	parent's cost after Child Care	Fee Reduct	ion Initiativ	re					
4. The child care provider <u>must</u> 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.										
CHILE	CARE PROVIDER'S OR	LICENSEE'S NAME (pleas	se print)	SIGNAT	URE	0	C -		DATE SIGNED (YYYY/MMM/DD)	
Tash	a MacKinnon			J Maple			_	2022/May/02		
5. W	The applicant must complete sections 5-8 and submit to the Child Care Service Centre. 5. What is your name?									
APPLI	CANT'S LAST NAME				FIRST				PHONE '\	
Is thi	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 pre- child care provider?			Previous NO YES — Previous child care provider:				der:			
Is the child care provider listed on this form in addition to an existing child care provider?			an		NO YES — Other child care provider:					
	financial or other liab	rangements and agree oility for any contractua I Care Benefit after eli	al disagree	ement be	etween th	e parer	nt and the child car	e provide	ne ministry will not incur er. The ministry will only in place.	
l co une	derstand that I am r	ation provided in this A equired to immediate here or any subseque	ely supply	/ inform	ation to	the Chi	Care Arrangemer ild Care Service (nt form is Centre if	complete and accurate. I there is a change to any	
8. The applicant must sign and date this form in order for it to be accepted.										
APPLI	CANT'S SIGNATURE			ver i			SOCIAL INSURANCI	E NUMBEF	R DATE SIGNED (YYYY/MMM/DD)	
		Once completed in	lana for	•	1- 11- 0					

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