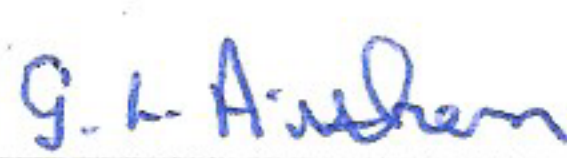


3. Child's Last Name	First	Birth Date (yyyy/mm/dd)		
Time of day child care is provided: From: _____ To: _____ From: _____ To: _____		Days/week: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> This child is enrolled in school (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:
		\$ _____	\$ _____	\$ _____

**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)	Signature	Date Signed (yyyy/mm/dd)
PoCo Happy Times Preschool		

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 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 Application 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)

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