

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
or the purpose of administering the Child Care Subsidy Act. The Freedom of Information and Protection of Privacy Act protects
he 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	vour	name	and	contact	inform	ation?
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1. What is your hame and contact informs	alions		
CHILD CARE PROVIDER'S OR LICENSEE'S NAME (Last, First, Mi	iddle)	DAYTIME PHONE	SECONDARY PHONE
PoCo Happy Times Preschool Society		(604) 941-8286	()
FACILITY NAME (if applicable) (as it appears on the Community Care and Assisted Living Act lice PoCo Happy Times Preschool	nce)	SUPPLIER NUMBER 436147	LICENCE NUMBER 1010877
ADDRESS (include apartment number and street name)	CITY/TOWN	·	POSTAL CODE
1761 westminster Ave.	Port Coquitlam		V3B 1E5
MAILING ADDRESS (if different than address above)	CITY/TOWN		POSTAL CODE
P.O.Box 123	Port Coquilam		V3C 3V5
2 What two of shild save do you provide	.2		

2. What type of child care do you provide?

C	theck ☑ the box that applies to you.	
	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: To: 11:45 From: To:	Days/week: MON FRI	TUE WED THU	☐ This child is school age (kindergarten and up).
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**: \$245.00	Daily Fee**: \$ 20.41	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: From: To:	Days/week: MON FRI	TUE WED THU	☐ 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:

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) PoCo Happy Times Preschool Society 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 ()
From: To: Days/week:MONTUEWEDTHU This child is school age (kindergarten and up). From: To: Daily Fee*: SUN 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 providermust 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/MMM/) PoCo Happy Times Preschool Society DATE SIGNED (YYYY/MMM/) 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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Is this your first time applying for the Affordable Child Care Benefit?
YES — Submit an Application to the Child Care Service Cel
Is the child care provider listed on this form replacing a previous NO
child care provider? YES — Previous child care provider:
Is the child care provider listed on this form in addition to an
existing child care provider? 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. understand that I am required to immediately supply information to the Child Care Service Centre if there is a change to ar information provided here or any subsequently provided information.
8. The applicant must sign and date this form in order for it to be accepted.
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APPLICANT'S SIGNATURE SOCIAL INSURANCE NUMBER DATE SIGNED (YYYY/MMM/

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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