



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.

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?

Form with fields for CHILD CARE PROVIDER'S OR LICENSEE'S NAME, DAYTIME PHONE, SECONDARY PHONE, FACILITY NAME, SUPPLIER NUMBER, LICENCE NUMBER, ADDRESS, CITY/TOWN, and POSTAL CODE.

2. What type of child care do you provide?

Check the box that applies to you.

Form with checkboxes for Licensed Group child care, Licensed Family child care, Licensed Preschool, Registered licence-not-required [RLNR] child care, Licence-not-required [LNR] child care, and Child care is provided in the child's own home.

3. Child(ren) Name(s)

Form with fields for CHILD'S LAST NAME, FIRST, BIRTH DATE, Time of day child care is provided, Days/week, Monthly Fee, Daily Fee, and 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: _____ 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 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:
		\$ _____	\$ _____	\$ _____

\*\*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 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 ( )

**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)

**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