



The personal information collected by the Ministry of Education and Child Care on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act s. 26(c) for the purpose of administering the Early Learning and Child Care Act. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Service Centre at 1-888-338-6622 or inquire in writing to the address at the end of this form.

This form **must** be submitted with an Affordable Child Care Benefit application form (CF2900) to apply for benefits.

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) PoCo Happy Times Preschool		Daytime Phone (604) 941-8286	Secondary Phone ()
Facility Name (if applicable) (as it appears on the Community Care and Assisted Living Act licence) PoCo Happy Times Preschool Society		Supplier Number 437147	Licence Number 1010877
Address (include apartment number and street name) 1761 Westminster Ave	City/Town Port Coquitlam	Postal Code V3B 1E5	
Mailing Address (if different than address above) P.O. Box 123	City/Town Port Coquitlam	Postal Code V3C 3V5	

2. What type of child care do you provide?

Check ☒ the box that applies to you.

<input type="checkbox"/> Licensed Group child care	Includes under 36 months, 30 months to school age, multi-age, school age, and school age care on school grounds.
<input type="checkbox"/> Licensed Family child care	Includes in-home multi-age.
<input checked="" 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	Note: 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 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: 9:15 To: 12:15 From: _____ To: _____		Days/week: <input type="checkbox"/> Mon <input checked="" type="checkbox"/> Tue <input checked="" type="checkbox"/> Wed <input checked="" 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) 2025/September/01	End Date (YYYY/MM/DD) 2026/Jun/30	Monthly Fee**: \$ 310.00	Daily Fee**: \$ 25.85	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: _____ 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: \$ _____