

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)	

end of this form.	ice Center at 1 000 330-00	22 of inquire in writing to the addi	ess at the			
The purpose of this form is to establish eligibility for Aff required for each child care provider.	ordable Child Care Bend	efits and indicates the applica	nt's child care arrangement. A separate form is			
The child care provider must complete se	ections 1–4, and si	gn. The form must then	go to the applicant to complete			
sections 5–8 and submit to the Child Care S	Service Centre.					
1. What is your name and contact info						
CHILD CARE PROVIDER'S OR LICENSEE'S NAME (Last, F	ïrst, Middle)	DAYTIME PHONE	SECONDARY PHONE ()			
FACILITY NAME (if applicable) (as it appears on the Community Care and Assisted Living A	Act licence)	SUPPLIER NUMBER	LICENCE NUMBER			
ADDRESS (include apartment number and street name)	CITY/TOWN	1	POSTAL CODE			
MAILING ADDRESS (if different than address above)	CITY/TOWN		POSTAL CODE			
2. What type of child care do you pro Check ✓ the box that applies to you.	vide?		1			
Licensed Group child care	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 ho	ome					
a) Are you a relative of the child or a depe		to the child(ren):				
b) Do you live in the same home as the ch	ild? 🗌 NO 🗌 Y	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:	Days/week: MON	N TUE WED	THU This child is school age (kindergarten and up).			
From: To:		FRI SAT SUN	(mindoiganteri dila dp).			

1.	CHILD'S LAST NAME	FIRST		BIRTH DATE (YYYY/MMM/DD)		
	Time of day child care is provided: From: To: 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)	Monthly Fee**:	Daily Fee**:	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:	Days/week: MON TUE WED THU		☐ This child is school age		
	From: To:			(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:		
	:	1		:		

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Prom:	3. CHILD'S LAST NAME	FIRST		BIRTH DATE (YYYY/MMM/DD)				
Prom:								
From: To:	l '	Days/week: MON THE WED THIL						
Start Date (**Provident Control of Control o								
**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 (YYYYMMM/DO) 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 I the box that applies. Is this your first time applying for the Affordable Child Care Benefit? Is the child care provider listed on this form replacing a previous child care provider? Is the child care provider? Is the child care provider listed on this form in addition to an existing 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 not incur financial or other liability for any contractual disagreement between the parent and the child care provider. The ministry will not 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 Service Centre if there is a change to any information provided here or any subsequently provided information.								
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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

CF2798 (18/08) PAGE 2 OF 2