



S.M.I.L.E.S. DAYCARE REGISTRATION PACKAGE

P.O. Box 418
Hazelton, BC
VOJ 1Y0

Phone: 250-842-0216 Ext.37

Facsimile: 250-842-2219





**S.M.I.L.E.S. Day Care
Application Check List**

Required Documentation

- Completed Registration application (ensure all areas of form are completed)
- Copy of Birth Certificate
- Copy of Personal Health Care Card
- Copy of Status Card (If Applicable)
- Copy of Immunization Record

Personal Items to be kept at S.M.I.L.E.S. Day Care

- Indoor Shoes (Preferably Velcro Fastening)
- Change of Clothing
- Blanket for Nap Time

Please ensure all personal items are clearly marked with child's name

Food/Snacks/Drinks

- Morning Snack
- Lunch
- Afternoon Snack

Please be advised that any snacks with sugar or those that are deemed unhealthy will be sent home. Please ensure that you label any food containers with your child's name.

If Applicable

Separated Divorced Legal Custody Restraining Order

If there is a custody or restraining order, please give details and ensure a recent copy of documentation is attached: _____

Siblings/Other Person's Living In Home Information

_____ Name	_____ Relationship	_____ Birth Date
_____ Name	_____ Relationship	_____ Birth Date
_____ Name	_____ Relationship	_____ Birth Date

HEALTH HISTORY (In Case of Emergency)

1. ADULT(S) TO CONTACT IF YOU CANNOT BE REACHED

_____ Name	_____ Relationship	_____ Phone Number
_____ Name	_____ Relationship	_____ Phone Number
_____ Name	_____ Relationship	_____ Phone Number

2. FAMILY PHYSICIAN and/or CLINIC

_____ Name	_____ Phone Number
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3. FAMILY DENTIST and/or CLINIC

_____ Name	_____ Phone Number
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Background Information

Language(s) Spoken at Home: _____

If your child has been cared for by family members or others (eg. A neighbour), Please describe the Child's experience _____

If your child has had group play experience, please describe how often your child attended, how long and your child's experience _____

HEALTH & DEVELOPMENTAL HISTORY

Please provide information or a copy of child(ren)'s Immunization Record
Record of Immunizations as submitted by Parent/Guardian:

PROTECTION FOR	DATES
Diphtheria and Pertussis (Whooping Cough) and Tetanus	
Poliomyelitis (Polio)	
Smallpox	
Rubella	
Measles	
Mumps	
Meningitis (Influenza Type B)	

Describe any difficulties or serious illnesses at birth, if any (Premature, etc)

Describe your child's general health (eg. Recurrent colds, ear infections, stomachaches, etc)

If your child is taking any medication, what is the medication for: _____

Has your child ever been to a Dentist YES NO

Does your child have any dental problems: _____

DIET INFORMATION

Describe your child's diet (include types of food and fluids he or she is now taking)

Fluids/Beverages: _____

Solids: _____

Food Allergies: _____

Has your child eaten Peanut Butter at Home YES NO

Describe any particular concerns you have about your child's diet and/or eating habits:

Diet Restrictions (Cultural/Religious): _____

How frequently does your child have a bowel movement: _____

How far has your child progressed in toilet learning (if applicable) _____

BEHAVIOUR PATTERNS AND HABITS

Describe how your child's behaviour and habits (eg. Temperament, energy level, etc)

Describe how your child communicates: _____

How would you describe your child's emotional, physical, social growth/development to this point: _____

Describe an ordinary day in your child's life (routine) from getting up in the morning to going to bed. Include the times for naps, meals, play and interest (Activities)

MORNINGS _____

AFTERNOONS _____

EVENINGS _____

Describe how your child goes down for a nap (with or without a bottle, needs to be rocked, etc) _____

Describe your child's particular attachments (eg. Toy, blanket, pet, person, etc.) and any particular habits (eg. Thumb-sucking, rocking, etc) _____

Describe any particular fears your child has shown (eg. To animals, loud noises, strangers, etc)) _____

Describe how your child reacts to stressful situations (eg. Cries, withdraws, has tantrums, nightmares)) _____

How does your child usually react to new situations: _____

We would appreciate your views on guiding your child's behaviours and setting limits:

Is there anything else that you would like to tell us about your child to help us provide good care:) _____

Parent/Guardian Signature

Date Signed

Emergency Care and Transportation Consent Forms

Name of Child _____, if at any time due to sudden illness or injury should medical attention be necessary, I authorize the SMILES Day Care staff to take whatever emergency measures they deem necessary for the safety and protection of my child.

I understand that this may involve calling a physician, interpreting and carrying out his/her instructions and transporting my child to the hospital, including the possibility of an ambulance. I understand that this may be done prior to contacting me and that any expenses incurred for such treatment, including ambulance fees, is my responsibility.

Parent Signature

Date

Field Trip Consent

I understand that the SMILES Day Care staff will be taking my child on walks away from the Center. I give permission for _____ to participate.

Parent Signature

Date

Photographs

I understand that the media and SMILES Day Care staff for display purposes may take my child's picture. I give my permission for my child's photo to be taken and used for display purposes for the SMILES Day Care Program.

Parent Signature

Date

Nap Permission Form

I, _____ give permission for my son/daughter _____ to nap at SMILES Daycare. I understand that by giving my consent for my child to nap, that he/she will be required to nap/rest between the hours of 12:30 pm to 2:00 pm every day.

Parent Signature

Date

Health Canada - First Nations and Inuit Health
Confidential Medical History and Consent for Dental Treatment/Participation in
Children's Oral Health Initiative (COHI)

Child's Name _____ Date of Birth _____ Grade _____

Community _____ Phone _____ Status # _____

Please circle YES or NO as it applies to your child:

1. Is your child under the care of a doctor for a medical problem? Yes No
 If yes, what is the medical problem that is being treated?

2. Is your child taking any medications now? Yes No
 If yes, what medications is he/she taking?

3. Has your child ever had to stay in the hospital or had a serious illness? Yes No
 If yes, what was the problem or illness?

4. Does your child have ANY allergies, including allergies to drugs or medications, i.e. penicillin, or allergies to wood resin or rosin? Yes No
 If so, please name the allergies and/or drugs:

5. Does your child bleed excessively or bruise easily? Yes No
6. If he/she is cut or bruised, does it take a long time to heal? Yes No
7. Does your child have any of the following?:

Heart disease	Yes	No	Epilepsy (seizures)	Yes	No
Heart murmur	Yes	No	Diabetes	Yes	No
Rheumatic Fever	Yes	No	Hepatitis (jaundice)	Yes	No
Scarlet Fever	Yes	No	Liver disease	Yes	No
Asthma	Yes	No	Lung disease	Yes	No
Hay fever	Yes	No	Pneumonia or TB	Yes	No
Fainting spells	Yes	No	HIV/AIDS	Yes	No
Sexually Transmitted Disease	Yes No				
8. Has your child ever had local anaesthetic (freezing)? Yes No
 If yes, did the freezing make them sick? Yes No

PLEASE TURN THE PAGE OVER. THERE'S MORE!

This part of the consent must be read and signed by the parent or guardian:

- I want my child to participate in the COHI program, which includes fluoride varnish, sealants, and alternative restorative treatment (painless fillings).

I give permission for Health Canada to collect and use information about my child for the purposes of the Children's Oral Health Initiative. The data will be used for management and administration only.

Yes _____ No _____

- I give permission for my child to receive treatment , in addition to COHI, as required by the dental therapist

Yes _____ No _____

Comments: _____

*Name of parent/guardian
(please print)*

Signature of parent/guardian

Date

This consent will cover your child for as long as he or she is enrolled in the dental program. If you would like to remove your child from the program, please contact the dental therapist or COHI Aide to let them know. The medical history will be updated annually by phone or in person.



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. The Freedom of Information and Protection of Privacy Act protects the 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 Subsidy Service Centre at 1 888 338-6622 or inquire in writing to the address at the end of this form.

Case ID (office use only)

See About Child Care Subsidy and Forms and Documents Checklist at the back of this form for more information.

Changes to any of the information you provide must be reported to the Child Care Subsidy Service Centre at 1-888-338-6622 or visit www.gov.bc.ca/childcaresubsidy.

Section 1 - Family Members

A 'Family' is the applicant, spouse or partner, dependent children and dependent adults living in the home.

Applicant

Applicant form with fields for Last Name, First Name, Middle Name, Gender, Secondary Phone No., Primary Phone No., Social Insurance No., Date of Birth, Home Address, City/Town, Postal Code, Mailing Address, Status in Canada, Disability benefits, SPEI, and Relationship Status.

Spouse

Include if you are sharing income and/or assets with a spouse or live-in partner who may or may not have a parental role to the children.

Spouse form with fields for Spouse's Last Name, First Name, Middle Name, Gender, Date of Birth, Social Insurance No., and Disability benefits.

Dependent Children and Dependent Adults

The number of dependents living in your home affects your eligibility. A 'Dependent' is anyone who resides with you and relies on you for the necessities of life. List all dependents living in the home even if child care is not required for the child.

Dependent Children and Dependent Adults form with fields for Last Name, First Name, Middle Name, Gender, Date of Birth, Social Insurance No., Disability benefits, Special needs, Childcare, and Ministry placement.

Last Name		First Name		Middle Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (yyyy-mmm-dd)	Social Insurance No. (if dependent adult)		Does this person receive government disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person a child with designated special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this person require childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a child living with you via a ministry placement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last Name		First Name		Middle Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (yyyy-mmm-dd)	Social Insurance No. (if dependent adult)		Does this person receive government disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person a child with designated special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this person require childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a child living with you via a ministry placement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last Name		First Name		Middle Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (yyyy-mmm-dd)	Social Insurance No. (if dependent adult)		Does this person receive government disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person a child with designated special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this person require childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a child living with you via a ministry placement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you share custody of any of these children? Yes No

If yes, you may request subsidy for days the child resides with you. Please describe the arrangement including details of days and times.

Section 2 - Reason for Needing Child Care

To be eligible, you and your spouse need a reason for child care. Select your reason below. If eligible, Child Care Subsidy may be provided for the time doing this activity. You are responsible for any extra care if you choose to have care during other days or times. If the reason is medical, the amount of Child Care supported will be listed by your doctor on the Medical Condition Form. If you are referred by a Social Worker, the amount of time supported will be listed by the Social Worker on your Referral for Child Care Subsidy Form. If your child attends a licensed preschool, only the time spent at the licensed preschool will be supported unless there is an additional reason for care.

Applicant

Do you have a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been referred by a Social Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a child in a licensed preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently (check all that apply): <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> attending an employment program <input type="checkbox"/> attending school <input type="checkbox"/> looking for work					
Name of employer(s), school, training program, or dates looking for work			Start Date (yyyy-mmm-dd)		End Date (yyyy-mmm-dd)
Days per week you do this activity (check all that apply) <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun					
If you have a set schedule, you usually: start at: <input type="checkbox"/> AM <input type="checkbox"/> PM and end at: <input type="checkbox"/> AM <input type="checkbox"/> PM			If your schedule varies, you average: hours per day: _____ days per week: _____		
Additional Information (or attach a schedule)					

Spouse

Does your spouse have a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your spouse been referred by a Social Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse have a child in a licensed preschool? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your spouse currently (check all that apply): <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> attending an employment program <input type="checkbox"/> attending school <input type="checkbox"/> looking for work		
Name of employer(s), school, training program, or dates looking for work	Start Date (yyyy-mmm-dd)	End Date (yyyy-mmm-dd)
Days per week you do this activity (check all that apply) <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
If your spouse has a set schedule, they usually: start at: <input type="checkbox"/> AM <input type="checkbox"/> PM and end at: <input type="checkbox"/> AM <input type="checkbox"/> PM		If your spouse's schedule varies, they average: hours per day: _____ days per week: _____
Additional Information (or attach a schedule)		

Section 3 - Income

All income must be reported. Check either 'Yes' or 'No' for each type of income for Applicant and Spouse. If you have no income, describe how you are supporting your family under 'Additional Information'. Submit proof of all income (see Forms and Documents Checklist).

Type of Income	Applicant	Spouse
Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per hour \$ (or salary) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per hour \$ (or salary) _____
Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Insurance Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Assistance or Band Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worksafe BC	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Federal Benefits (CPP, Survivors Benefits, CPP Disability etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training or Living Allowance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grants/bursaries/scholarships	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Investment, interest etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____
Tips	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____
Income from a rental property or suite	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____
Income earned by dependent adults	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____
Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount per month \$ _____
Additional Information:		

Section 4 - Comments

Please use the following section to provide any additional information you would like us to know about.

Section 5 - Declaration and Consent

Applicant: I confirm the information supplied by me is true and complete. I understand that:

- I am required to promptly supply information to the Child Care Subsidy Program if there is a change to any of the information I have provided in this application or to any subsequently provided information.
- It is an offence under the *Child Care Subsidy Act* to supply false or misleading information.
- Subsidy may be paid from the first day of the month in which the application is completed, or the date child care begins, whichever is later. I am responsible for child care fees prior to this date.
- Information contained in this document may be reviewed, audited and verified as provided by Section 5 of the *Child Care Subsidy Act*. I consent to the verification of information provided regarding this application, or any updated or subsequently provided information. I also consent to the collection of verifying information from third parties. Information may be verified with any person or source, for the purpose of determining or auditing my eligibility for Child Care Subsidy.

Consent to share information

As the applicant, do you consent to the disclosure of information to your spouse, as identified on this form, relating to this application or your eligibility for Child Care Subsidy by the Child Care Subsidy Service Centre?

- Yes.** Share information with my spouse. If I wish to withdraw this consent, I may do so at any time by writing to the Child Care Subsidy Service Centre.
- No.** Do not share any information about this application or my eligibility with my spouse and remove any previous consent to share.

This application is not valid until it has been signed and dated

Applicant's Name (please print)	Applicant's Signature	Date Signed (yyyy-mmm-dd)
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Spouse or Partner

I consent to the verification of information provided by the applicant regarding myself in this application, or any updated or subsequently provided information. I also consent to the collection of verifying information from third parties. Information may be verified with any person or source, for the purpose of determining or auditing my eligibility for Child Care Subsidy.

Spouse's Name (please print)	Spouse's Signature	Date Signed (yyyy-mmm-dd)
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Submit your Completed Application and Supporting Documents

Fax or mail your completed application and supporting document copies to the Child Care Subsidy Service Centre. Keep a copy for your records.

If you are faxing your application, please print your name on the top of every page.

Toll Free Fax: 1-877-544-0699

Mailing Address: Child Care Subsidy Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3

For more information, call the Child Care Subsidy Service Centre toll free at 1-888-338-6622.



About Child Care Subsidy

What is Child Care Subsidy?

A monthly payment to help pay the costs of child care. The amount depends on your family's size, ages of children, family income, and type of child care.

Who can apply?

Parents or guardians who are B.C. residents and Canadian citizens (including permanent residents or convention refugees) can apply. If you have an eligible reason for needing child care, and you are financially eligible, you may be eligible to receive full or partial subsidy.

How Does Child Care Subsidy Work?

Step 1 *Find a child care provider and complete the Child Care Arrangement Form*

Step 2 *Complete your Application and gather your supporting documents*

Applicants are asked to submit supporting documents with their application. The list on the next page will help you know what to submit.

Step 3 *Submit your Application*

Avoid delays by submitting all of your supporting documents with your Child Care Subsidy Application. Fax or mail to the Child Care Subsidy Service Centre.

Step 4 *Your child care provider submits a claim for payment*

If you are eligible, you and your child care provider will receive a Benefit Plan that outlines the amount of your monthly subsidy, the start and end date of monthly subsidy payments, and a list of all children in your family receiving subsidized child care.

Step 5 *When your Benefit Plan Ends*

Child Care Subsidy will send you a reminder letter when your Benefit Plan ends. To avoid delays, keep track of the Benefit Plan end date and ensure your address is current. You will need to provide updated information to ensure continued eligibility.

What happens if you are not eligible for Child Care Subsidy?

A letter will be sent to you telling you the reason(s) why you are not eligible.

If you don't agree with the decision, you may ask for a reconsideration.

Eligible reasons for needing child care

- working or self-employed
- attending school or enrolled in distance education
- enrolled in an employment program
- looking for work (only 1 parent at a time)
- a medical condition
- a child attending a licensed preschool
- a referral by a Ministry or Delegated Aboriginal Agency social worker

Contact Us

Child Care Subsidy Service Centre

Phone in Victoria: 250-356-6501

Toll Free: 1-888-338-6622

Fax: 1-877-544-0699

Translation services

Call Child Care Subsidy and ask for a translator. Translation services are available in over 150 languages.

Need Help?

Child Care Resource and Referral (CCRR)

For help finding a child care provider in your area or with your subsidy application. Find your local office at www.ccr.bc.ca.

Forms

Available on the Website or at your local CCRR office.

Website

www.gov.bc.ca/childcaresubsidy



Forms and Documents Checklist

Which Supporting Documents are Required with my Application?

Child Care Arrangement Form (CF2798)

You and your Child Care Provider must complete this form. A separate form is required for each child care provider.

Identification for all Family Members

A copy of government-issued identification (birth certificate, Canadian Citizenship Card, passport, driver's license, provincial identification, care card, Certificate of Indian Status Card).

Citizenship Status in Canada for Applicant

A copy of any formal document issued by Citizenship and Immigration Canada that confirms your status in Canada.

Special Needs Form (CF2951) for children designated as special needs

Proof of Reason for Needing Child Care

Reason for needing child care	Documents required to support your proof of reason
Education	Student loan notice of assessment or school registration.
Looking for work	Keep track of looking for work activities (CF2910)
Employment Program or SPEI	Copies of registration in employment program or SPEI Action Plan
Medical Condition	Medical Condition Form (CF2914)
Social Worker Referral	Referral to Child Care Subsidy (CF2044) from Social Worker
Child attending preschool	Child Care Arrangement Form (CF2798)

Proof of Family Income

Type of Income	Proof of Income
Employment	Copy of 2 consecutive pay stubs
Self-Employment	Self-Employment Form (CF2568) or proof of 'owners' draw if inc. or ltd.
Employment Insurance	Copy of Employment Insurance statement
Income Assistance or Band Assistance	Copy of Statement
WorkSafe BC	Copies of last 2 statements
Federal Benefits (CPP, Survivor, Disability)	Copy of statement
Training or Living Allowance	Copy of statement
Grants or Scholarships	Copy of statement
Other, investment, interest etc.	Copy of statement
Lump Sum Income	Copy of amount received or amount reported by applicant



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CASE ID (office use only)

The purpose of this form is to establish eligibility for child care subsidy 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 Subsidy Service Centre.

1. What is your name and contact information?

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

2. What type of child care do you provide?

Check [X] 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, Child care is provided in the child's own home. Includes sub-questions a) and b).

3. Child(ren) Name(s)

Form with two rows for child information: CHILD'S LAST NAME, FIRST, BIRTH DATE, Time of day child care is provided, Days/week, Monthly Rate, Daily Rate, Full day rate for days of school closure.

3. CHILD'S LAST NAME		FIRST	BIRTH DATE (YYYY/MMM/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/MMM/DD)	End Date (YYYY/MMM/DD)	Monthly Rate: \$ _____	Daily Rate: \$ _____	Full day rate for days of school closure: \$ _____

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 Subsidy 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/DD)
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The applicant must complete sections 5-8 and submit to the Child Care Subsidy Service Centre.

5. What is your name?

APPLICANT'S LAST NAME	FIRST	PHONE ()
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6. What is your reason for submitting this form?

Check the box that applies.

Is this your first time applying for child care subsidy?	<input type="checkbox"/> NO <input type="checkbox"/> YES — Submit an Application for Child Care Subsidy
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 Child Care Subsidy **after** eligibility has been determined and when a valid Benefit Plan is in place.

7. Declaration:

I confirm that the information provided in this Child Care Subsidy Child Care Arrangement form is complete and accurate. **I understand that I am required to immediately supply information to the Child Care Subsidy 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/MMM/DD)
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Once completed, please fax or mail to the Child Care Subsidy Service Centre

Toll Free Fax 1877 544-0699
Toll Free Phone 1 888 338-6622

Mailing Address
Child Care Subsidy Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3