

Time of day child care is provided:

CF2798 (18/08)

From: \_\_\_\_\_ To: \_\_\_\_

\_\_ To: \_\_

## Ministry of Children and Family Development

## Affordable Child Care Benefit **Child Care Arrangement**

☐ This child is school age

(kindergarten and up).

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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)

1	of this form.	ice Center at 1 000 330-00.	22 OI IIIQ	une in writing to the address at					
requi	ourpose of this form is to establish eligibility for Affired for each child care provider.  child care provider must complete se								
	ions 5–8 and submit to the Child Care S			· ·					
1. W	/hat is your name and contact info	ormation?							
CHIL	D CARE PROVIDER'S OR LICENSEE'S NAME (Last, F	irst, Middle)		DAYTIME PHONE ( )	SECONDARY PHONE  ( )				
FACILITY NAME (if applicable) (as it appears on the Community Care and Assisted Living Act licence)				SUPPLIER NUMBER	LICENCE NUMBER				
ADD	RESS (include apartment number and street name)	CITY/TOWN		I	POSTAL CODE				
MAIL	MAILING ADDRESS (if different than address above)  CITY/TOWN				POSTAL CODE				
	What type of child care do you pro Check ☑ the box that applies to you.	vide?			-				
	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, i.e. grandchildren, nieces, nephews), RLNR and LNR child care					
	Licence-not-required [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 o	child(ren):					
	b) Do you live in the same home as the ch	ild? 🗌 NO 🗌 Y	'ES						
3. C	hild(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 From: To:			UE WED THU SAT SUN	☐ 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:				
	CHII DIO LACT NAME	\$		<b></b>	\$				
2.	CHILD'S LAST NAME	FIRST			BIRTH DATE (YYYY/MMM/DD)				

Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD) Monthly Fee\*\*: Daily Fee\*\*: Full day rate for days of school closure:

Days/week: MON TUE WED THU

FRI SAT SUN

		·									
3. CHILD'S LAST NAME	FIRST	RST				BIRTH DATE (YYYY/MMM/DD)					
Time of day child care is provided:	Days/week N	Days/week: MON TUE WED THU			☐ This child is school age (kindergarten and up).						
From: To:	Days/week.										
From: To:			·····								
Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**:	flonthly Fee**: Daily F		Full day rate for days of school closure:  \$							
	\$	\$	\$ \$ <u></u>								
**Monthly/Daily Fee is the parent's cost after Child Care Fee Reduction Initiative											
4. The child care provider <u>must</u> 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 (pleas	se print) SIGNATI	URE		DATE SIGNED (YYYY/MMM/DD)							
The applicant must complete sections 5-8 and submit to the Child Care Service Centre.  5. What is your name?  APPLICANT'S LAST NAME  PHONE											
AFFEIGANT S LAST NAME		TIKST	IKO I								
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? ☐ NO  YES — Submit an Application to the Child Care Service Centre											
Is the child care provider listed on this form replachild care provider?	lacing a previous		NO YES — Previous child care provider:								
Is the child care provider listed on this form in a existing child care provider?		NO 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 SIG	NED (YYYY/MMM/DD)					
			1								

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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