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Office Use Only

- Use this form to claim for full days for spring, summer or winter breaks.
• Provide the School District number (if applicable) and name of the school the child attends.
• Submit a separate form for each parent's children.
• Do not submit this form until after the 25th of the month being claimed.
• For more information, refer to the website at gov.bc.ca/affordablechildcarebenefit.

Payee Name Supplier Number Claim Month Claim Year

Claim Information

Table with 6 columns: Case ID, Last Name, Authorized Children (First Name), Dates, School District number, Name of School

Comments

Comments text area

Child Care Provider Declaration

I confirm this is a true account of the number of full days of child care provided for the month claimed.

Child Care Provider's Signature Date Signed (YYYY-MMM-DD)

Parent Declaration

I confirm this is a true account of the number of full days of child care provided for the month claimed.

Parent's Signature Date Signed (YYYY-MMM-DD)

Once completed, please fax or mail to the Child Care Service Centre. Keep a copy for your records.

Mailing Address PO Box 9953 Stn Prov Govt Victoria BC V8W 9R3

Toll Free Fax 1-877-544-0699 Toll Free Phone 1-888-338-6622 Website gov.bc.ca/affordablechildcarebenefit