

Ministry of Education and Child Care

What is your name and contact information?

Affordable Child Care Benefit Child Care Arrangement

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 in	iorination?				
Child Care Provider's or Licensee's Name (Last, First, Midd	e)	Daytime Phone	Secondary Phone		
		()	()		
Facility Name (if applicable) (as it appears on the Community Care and Assisted Living	Act licence)	Supplier Number	Licence Number		
Address (include apartment number and street name)	City/Town		Postal Code		
Mailing Address (if different than address above)	City/Town		Postal Code		
2. What type of child care do you pro	ovide?				
Check ☑ the box that applies to you.					
Licensed Group child care		Includes under 36 months, 30 months to school age, multi-age, school age, and school age care on school grounds.			
Licensed Family child care		Includes in-home multi-age.			
Licensed Preschool		Is your Preschool open in the summer (July/August)?			
Registered licence-not-required [RLNR] c	hild 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 providers may care for a maximum of two unrelated children or one sibling group at any one time.			
Licence-not-required [LNR] child care					
Child care is provided in the child's home					
a) Are you a relative of the child or a dep ☐ No ☐ Yes — Please o		o the child(ren):			
b) Do you live in the same home as the o	hild? 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		This child is enrolled in school (kindergarten and up)		
From: To:		Fri Sat Sun			
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)		
2. Child's Last Name	1 1131		Birth Date (уууулынылаа)		
Time of day child care is provided:	_ ,		····		
From: To:	Days/week: Mon	☐ Tue ☐ Wed ☐ Thu	☐ This child is enrolled in school (kindergarten and up)		
From: To: Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Manthly Fo - **	Fri Sat Sun	Full day note for days -fbb		
Start Date (YYYY/MMM/DD)	Monthly Fee**:	Daily Fee**:	Full day rate for days of school closure:		
	Ψ	: V			

3. Child's Last Name	First			Birth Date (yyyy/mmm/dd)		
Time of day child care is provided: From: To: From: To: Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Days/week: Mon Tue We Fri Sat Monthly Fee**: Daily Fee**:		Sun	☐ This child is enrolled in school (kindergarten and up) Full day rate for days of school closure:		
	\$\$			\$		
**Monthly/Daily Fee is the parent's cost after Child Car	re Fee Reduction Initiativ	/e				
4. The child care provider <i>must</i> sign	and date this	form in order	for it to be acc	epted.		
As the child care provider, I confirm I am requir any information provided on this form or any su			Centre immediately	if there is	s a change to	
Child Care Provider's or Licensee's Name (please print)		Signature			Date Signed (yyyy/mmm/dd)	
The applicant must complete sections 5. What is your name?	5-8 and submit	to the Child C	are Service Cen	ntre.		
Applicant's Last Name		First		Pho	one	
				()	
6. What is your reason for submitting Check ☑ the box that applies.	g this form?					
Is this your first time applying for the Affordable	e Child Care Benef		s — Submit an Applic a	ation to th	ne Child Care Service Centre	
Is the child care provider listed on this form replacing a previous child care provider?		No Yes	No Yes — Previous child care provider:			
Is the child care provider listed on this form in a existing child care provider?	No Yes	No Yes — Other child care provider:				
Note: Child care service arrangements and agree financial or other liability for any contractupay Affordable Child Care Benefit after elements.	ıal disagreement b	etween the parer	nt and the child care	provide	r. The ministry will only	
7. Declaration:						
I confirm that the information provided in this Aff understand that I am required to immediately information provided here or any subsequen	supply informati	on to the Child				
8. The applicant must sign and date	this form in or	der for it to b	e accepted.			
Applicant's Signature			Social Insurance Number	er	Date Signed (yyyy/mmm/dd)	
Once completed	nlease fay or mai	to the Child Ca	ro Samioo Contro	'		

Once completed, please fax or mail to the Child Care Service Centre

Toll Free Fax 1 877 544-0699 **Toll Free Phone** 1 888 338-6622

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