

The information contained on this form collected under the authority of the Child Care BC Act (SBC 2001, c. 4) and will be used for the purpose of administering the ChildCareBC New Spaces Fund program. Any questions about the collection, use or disclosure of this information should be directed to the Child Care Capital and Community Services Branch, PO Box 9788 STN PROV GOVT, Victoria BC, V8W 9S5. Telephone: 1 888-338-6622 (Option 5), Email: CCCF@gov.bc.ca

Reporting Period Start Date:		Reporting Period End Date:		Project ID:
Legal Name of Organization:			Name of Child Care Centre:	
Child Care Centre Address:	City/Town:	Postal Code:	Business Phone:	
<p>For Funding Recipients located in leased spaces, have there been any changes to the lease agreement that have not previously been identified?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please advise of the change(s). <i>Examples include change in Landlord, updated lease, etc.</i></p> <p><i>Note: An updated lease agreement may be requested at the discretion of the Ministry. For applicants who were approved for funding in the 2023/24 fiscal year and beyond, a change in lease agreement may require additional information, which may result in a change to your signed funding agreement.</i></p>				
<p>If your organization is a Not-For-Profit, has there been any changes with Directorship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please advise of the change(s):</p>				
<p>Please select the Affordability Initiative(s) you, or your Authorized Operator are currently enrolled in:</p> <p><input type="checkbox"/> Child Care Operating Funding, Child Care Fee Reduction Initiative and, if eligible, the Early Childhood Educator Wage Enhancement;</p> <p><input type="checkbox"/> \$10 a Day ChildCareBC program;</p> <p><input type="checkbox"/> Aboriginal Head Start; or</p> <p><input type="checkbox"/> Other (please advise):</p>				

Complete the following license information using your *Community Care and Assisted Living Act* license.

Type of Care Program	Number of Child Care Spaces	Days of Operation	Hours of Operation	Number of weeks per year child care is provided												
Group Child Care (Under 36 Months)		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	From _____ To _____													
Group Child Care (30 Months to School Age)		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	From _____ To _____													
Preschool (30 Months to School Age)		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	From _____ To _____													
Group Child Care (School Age)		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	From _____ To _____													
Multi-Age Child Care		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	From _____ To _____													
School Age Care on School Grounds		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	From _____ To _____													
Are there any months during the year when ALL programs at this child care centre are closed for the entire month? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all applicable months: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Jan</td> <td><input type="checkbox"/> Feb</td> <td><input type="checkbox"/> Mar</td> <td><input type="checkbox"/> Apr</td> </tr> <tr> <td><input type="checkbox"/> May</td> <td><input type="checkbox"/> Jun</td> <td><input type="checkbox"/> Jul</td> <td><input type="checkbox"/> Aug</td> </tr> <tr> <td><input type="checkbox"/> Sep</td> <td><input type="checkbox"/> Oct</td> <td><input type="checkbox"/> Nov</td> <td><input type="checkbox"/> Dec</td> </tr> </table>					<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
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Authorized Signing Authority Name:	Authorized Signing Authority Signature:	Date: