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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.
• Do not submit this form until after the 25th of the month being claimed.
• [ garbled text ]

Child Care Provider Information

Licensee Name, Claim Month, Claim Year, Licence Number, Supplier Number

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

Licensee Declaration

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

Licensee's Signing Authority Signature, Date Signed (YYYY-MM-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