

# Child Care Capital Funding

For the creation of new child care spaces

## Annual Report



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 Child Care Capital Funding Program. Any questions about the collection, use or disclosure of this information should be directed to the Operations Supervisor, 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: [MCF.CCCF@gov.bc.ca](mailto:MCF.CCCF@gov.bc.ca).

		From:	To:
Funding Agreement Number:			
Legal Name of Organization:			
Licence Facility Address:	City/Town:	Postal Code:	Business Phone:

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

Type of Service	Number of Child Care Spaces	Are there any months during the year when ALL programs at this facility are closed for the entire month?
Group Child Care (Under 36 Months)		<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, check all applicable months:  <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
Group Child Care (30 Months to School Age)		
Preschool (30 Months to School Age)		
Group Child Care (School Age)		
Multi-Age Child Care		
Number of day per week you provide child care:		
Number of weeks per year you provide child care:		

Authorized Signing Authority Name:	Authorized Signing Authority Signature:	Date:
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