



The personal information collected on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering the *Child Care Subsidy Act*. The *Freedom of Information and Protection of Privacy Act* protects the personal information collected from unauthorized use and disclosure. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Subsidy Service Center at 1 888 338-6622 or inquire in writing to the address at the end of this form.

CASE ID (office use only)

The purpose of this form is to establish eligibility for child care subsidy and indicates the applicant's child care arrangement. **A separate form is required for each child care provider.**

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 Subsidy Service Centre.

1. What is your name and contact information?

CHILD CARE PROVIDER'S OR LICENSEE'S NAME ABBOTSFORD CHRISTIAN SCHOOL SOCIETY (PRESCHOOL)		DAYTIME PHONE (604) 755-1891	SECONDARY PHONE (604) 850-7075
FACILITY NAME (if applicable) (as it appears on the <i>Community Care and Assisted Living Act</i> licence) ABBOTSFORD CHRISTIAN PRESCHOOL		SUPPLIER NUMBER 822023	LICENCE NUMBER 0782585
ADDRESS (include apartment number and street name) 3939 OLD CLAYBURN RD	CITY/TOWN ABBOTSFORD		POSTAL CODE V3G 1J9
MAILING ADDRESS (if different than address above)	CITY/TOWN ABBOTSFORD		POSTAL CODE V3G 1J9

2. What type of child care do you provide?

Check ☒ the box that applies to you.

<input type="checkbox"/> Licensed Group child care	Includes under 36 months, 30 months to school age, group multi-age child care, and school age child care.
<input type="checkbox"/> Licensed Family child care	Includes in-home multi-age child care.
<input type="checkbox"/> Licensed Preschool	Is your Preschool open in the summer (July/August)? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Registered licence-not-required [RLNR] child care	Is the child related to you? <input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> Licence-not-required [LNR] child care	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.
<input type="checkbox"/> Child care is provided in the child's own home	
a) Are you a relative of the child or a dependent of the parent? <input type="checkbox"/> NO <input type="checkbox"/> YES — Please describe your relationship to the child(ren): _____	
b) Do you live in the same home as the child? <input type="checkbox"/> NO <input type="checkbox"/> YES	

3. Child(ren) Name(s)

1. CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)
Time of day child care is provided: From: _____ To: _____ From: _____ To: _____	Days/week: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input type="checkbox"/> This child is school age (kindergarten and up).
Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Monthly Rate: \$ _____ Daily Rate: \$ _____ Full day rate for days of school closure: \$ _____
2. CHILD'S LAST NAME	FIRST	BIRTH DATE (YYYY/MM/DD)
Time of day child care is provided: From: _____ To: _____ From: _____ To: _____	Days/week: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input type="checkbox"/> This child is school age (kindergarten and up).
Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Monthly Rate: \$ _____ Daily Rate: \$ _____ Full day rate for days of school closure: \$ _____

3. CHILD'S LAST NAME		FIRST	BIRTH DATE (YYYY/MM/DD)	
Time of day child care is provided: From: _____ To: _____ From: _____ To: _____		Days/week: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	<input type="checkbox"/> This child is school age (kindergarten and up).	
Start Date (YYYY/MM/DD)	End Date (YYYY/MM/DD)	Monthly Rate: \$ _____	Daily Rate: \$ _____	Full day rate for days of school closure: \$ _____

4. The child care provider must sign and date this form in order for it to be accepted.

As the child care provider, I confirm I am required to notify the Child Care Subsidy Centre immediately if there is a change to any information provided on this form or any subsequently provided information.

CHILD CARE PROVIDER'S OR LICENSEE'S NAME (please print)	SIGNATURE	DATE SIGNED (YYYY/MM/DD)
ABBOTSFORD CHRISTIAN SCHOOL SOCIETY (P		

The applicant must complete sections 5-8 and submit to the Child Care Subsidy Service Centre.

5. What is your name?

APPLICANT'S LAST NAME	FIRST	PHONE ()

6. What is your reason for submitting this form?

Check ☒ the box that applies.

Is this your first time applying for child care subsidy?	<input type="checkbox"/> NO <input type="checkbox"/> YES — Submit an Application for Child Care Subsidy
Is the child care provider listed on this form replacing a previous child care provider?	<input type="checkbox"/> NO <input type="checkbox"/> YES — Previous child care provider: _____
Is the child care provider listed on this form in addition to an existing child care provider?	<input type="checkbox"/> NO <input type="checkbox"/> YES — Other child care provider: _____

Note: Child care service arrangements and agreements are between the parent and the child care provider. The ministry will not incur financial or other liability for any contractual disagreement between the parent and the child care provider. The ministry will only pay Child Care Subsidy **after** eligibility has been determined and when a valid Benefit Plan is in place.

7. Declaration:

I confirm that the information provided in this Child Care Subsidy Child Care Arrangement form is complete and accurate. I **understand that I am required to immediately supply information to the Child Care Subsidy Service Centre if there is a change to any information provided here or any subsequently provided information.**

8. The applicant must sign and date this form in order for it to be accepted.

APPLICANT'S SIGNATURE	SOCIAL INSURANCE NUMBER	DATE SIGNED (YYYY/MM/DD)

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

**Toll Free Fax 1877 544-0699
Toll Free Phone 1 888 338-6622**

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