

1. 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 Child Care Subsidy 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.

| Child Care Provider's or Licensee's Name (Last, First, Middle) Saltair Childcare Society-Ridge Meadows | | | | Daytime Phone (250) 585 -789 | 8 | Secondary Phone | | | |
|---|--------------------|--------------------------|--|---|-------------|---|--|--|--|
| Facility Name (if applicable) (as it appears on the Community Care and Assisted Living Act licence) | | | | upplier Number | | Licence Number | | | |
| ILM-Fairview | | | | | CWOG-D7X5PF | | | | |
| Address (include apartment number and street name) 12209 206th Street | (| city/Town Maple Ridge | | | | Postal Code VQX 1T8 | | | |
| Mailing Address (if different than address above) | | City/Town | | | | Postal Code | | | |
| 3507 Littleford Road | | Nanaimo | | | | V9T 5J2 | | | |
| 2. What type of child care do you provide? 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 | | In | Includes in-home multi-age. | | | | | | |
| Licensed Preschool | Licensed Preschool | | | Is your Preschool open in the summer (July/August)? | | | | | |
| Registered licence-not-required [RLNR] child 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 | | | | | | |
| Licence-not-required [LNR] child care | | | providers may care for a maximum of two unrelated children or one sibling group at any one time. | | | | | | |
| Child care is provided in the child's own home | | | | | | | | | |
| a) Are you a relative of the child or a dependent of the parent? No Yes — Please describe your relationship to the child(ren): | | | | | | | | | |
| b) Do you live in the same home as the child? | | | | | | | | | |
| 3. Child(ren) Name(s) | | | | | | | | | |
| 1. Child's Last Name | First | | Birth Da | | | (yyyy/mmm/dd) | | | |
| Time of day child care is provided: | | | | | | | | | |
| From: To: | To: Days/week: Mo | | | Wed Thu | ☐ This o | his child is enrolled in chool (kindergarten and up) | | | |
| From: To: | | L Fri L Sat L Su | | Sat Sun | garren app | | | | |
| Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD) | Monthly Fee | **: | Daily | Fee**: | Full day ra | te for days of school closure: | | | |
| 2. Child's Last Name | \$ First | | . \$ | | \$ | 1 | | | |
| 2. Child's Last Name | rust | | | | onui Dale | (yyyy/mmm/dd) | | | |
| Time of day child care is provided: | | | | | | | | | |
| From: To: | Days/week: | : Mon | Tue | ☐ Wed ☐ Thu | _ | child is enrolled in | | | |
| From: To: | | ∐ Fri | s | Sat Sun | SCNOO | (kindergarten and up) | | | |
| Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD) | Monthly Fee* | *: | Daily | Fee**: | Full day ra | te for days of school closure: | | | |
| | \$ | | \$ | | \$ | | | | |

| Time of day child care is provided: From: | 3. | Child's Last Name | First | | | Birth Da | te (yyyyimmruidd) | |
|--|---|---|-------------------------|-------------|---|---|---|--|
| From: | | | | | | | (3777) | |
| From: | | Time of day child care is provided: | <u> </u> | | | <u></u> | *************************************** | |
| Start Date ("TYMANACOS) End Date ("TYMANACOS) S. | | From: To: | Days/week: Mon | Tue | ☐ Wed ☐ Thu | | | |
| **S | | From: To: | |]Fri 🗌 S | Sat Sun | scho | ool (kindergarten and up) | |
| "Monthly/Daily Fee is the parent's cost after Child Care Fee Reduction Initiative 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 Service Centre immediately if there is a change to any information provided on this form or any subsequently provided information. Child Care Provider's or Licansee's Name (please print) All Sha Neuman The applicant must complete sections 5-8 and submit to the Child Care Service Centre. 5. What is your name? Applicants Last Name First Phone The Applicant Last Name First Phone The Check of the box that applies. Is this your first time applying for the Affordable Child Care Benefit? The child care provider listed on this form replacing a previous of hild care provider listed on this form in addition to an existing child care provider? No Yes — Previous child care provider: Note: Child care service arrangements and agreements are between the parent and the child care provider. The ministry will only pay Affordable Child Care Benefit after eligibility has been determined and when a valid Benefit Plan is in place. Declaration: confirm that the information provided in this form in order for it to be accepted. | | Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD) | | | Fee**: | | rate for days of school closure: | |
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| Applicant's Last Name First Phone | A | lisha Neomann | Al |) <u> </u> | | | | |
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| Applicant's Signature Social Insurance Number Date Signed (yyy/mmm/dd) | . The | applicant must sign and date thi | s form in order f | or it to b | e accepted. | | | |
| | Applicar | nt's Signature | | | Social Insurance Number | | Date Signed (уууу/mmm/dd) | |
| | | | | | | | | |

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