

Ministry of Education and Child Care

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 Early Learning and Child Care 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.

	Care Provider's or Licensee's Name (Last, First, Middl	e)	Daytime Ph	one	Secondary Phone			
	.M Education Center Ltd.		(236) 4	121 -0081	()			
Facil (as it	ity Name (if applicable) appears on the Community Care and Assisted Living	Act licence)	Supplier Nu	mber	Licence Number			
I	LM - Windbreakers	, lot nooned,			F-2023-51000			
Addr	ess (include apartment number and street name)	City/Town	····		Postal Code			
	160 Pala Mesa Place	Kamloo	bs		V2B 4J2			
Maili	ng Address (if different than address above)	City/Town	•		Postal Code			
<u></u>								
	/hat type of child care do you pro	vide?						
	Check ☑ the box that applies to you.		T					
V	Licensed Group child care		Includes under 36 age, and school age	months, 30 months to ge care on school groun	school age, multi-age, school nds.			
	Licensed Family child care		Includes in-home i	Includes in-home multi-age.				
	Licensed Preschool	Is your Preschool open in the summer (July/August)?						
	Registered licence-not-required [RLNR] ch	Is the child related to you? No Yes Note: In addition to children in your family (including extended family,						
	Licence-not-required [LNR] child care	i.e. grandchildren, nieces, nephews), RLNR and LNR child care ce-not-required [LNR] child care ce-not-required [LNR] child care sibling group at any one time.						
	Child care is provided in the child's home							
	a) Are you a relative of the child or a depe	ndent of the parent? scribe your relationship to	o the child(ren):					
	b) Do you live in the same home as the ch							
3. CI	hild(ren) Name(s)							
1.	Child's Last Name	First		Birth Da	te (yyyy/mmm/dd)			
	Time of day child care is provided:							
	From: To:	Days/week: Mon		d Thu This	s child is enrolled in			
	From: To:		=ri	Sun	ool (kindergarten and up)			
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**:	Daily Fee**:	Full day	rate for days of school closure:			
		\$	\$	\$				
2.	Child's Last Name	First		Birth Dat	e (yyyy/mmm/dd)			
,								
	Time of day child care is provided:							
	From: To:	Days/week: Mon	∐Tue ∐Wed	— Coho	child is enrolled in			
	From: To:		friSat:	Sun scho	ol (kindergarten and up)			
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**:	Daily Fee**:	Full day ı	ate for days of school closure:			
		\$	s	ss				

	Child's Last Name	First		**************************************	Birth Date	A (provingential)	
					Birth Date (yyyy/mmm/dd)		
	Time of day child care is provided:				<u> </u>		
	From: To:	Days/week: Mon Tue Wed Thu			☐ This child is enrolled in		
	From: To:	☐ Fri ☐		at Sun	scho	school (kindergarten and up)	
	Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**:	Daily I	ee**;	Full day r	ate for days of school closure:	
	**Monthly/Daily Fee is the parent's cost after Child Care				· · · · · · · · · · · · · · · · · · ·		
4 7-							
4. I	he child care provider <i>must</i> sign	and date this for	m in orde	er for it to be acc	cepted	•	
As ti any	ne child care provider, I confirm I am require information provided on this form or any sul	ed to notify the Child obsequently provided in	Care Service nformation.	Centre immediately	if there	is a change to	
Child	Care Provider's or Licensee's Name (please print)	Signature				Date Signed (yyyy/mmm/dd)	
Λ	lisha Neumann	1)				
<u> </u>	11344 NEDINGIA	17.1		***************************************			
	applicant must complete sections 5 hat is your name?	-8 and submit to t	he Child (Care Service Cen	itre.		
Applic	ant's Last Name	Firs	t		Ph	one	
					()	
	hat is your reason for submitting	this form?					
	heck ☑ the box that applies. s your first time applying for the Affordable		No				
ls thi	s your first time applying for the Affordable	Child Care Benefit?			ation to th	e Child Care Service Centre	
Is thi		Child Care Benefit?	Ye		*************************		
Is the	s your first time applying for the Affordable e	Child Care Benefit?	Ye No	s — Submit an Applica	provider		
Is the	s your first time applying for the Affordable control care provider listed on this form replacare provider?	Child Care Benefit? acing a previous Idition to an ments are between the disagreement between	Ye No Ye No Ye No Ye en parent and the parent the parent and the parent and the parent and the parent the pare	s — Submit an Applica s — Previous child care s — Other child care provi	ovider: _ ider. The provider:	ministry will not incur	
Is the child ls the exist	s your first time applying for the Affordable of child care provider listed on this form replaced provider? child care provider listed on this form in acting child care provider? Child care service arrangements and agree financial or other liability for any contractual	Child Care Benefit? acing a previous Idition to an ments are between the disagreement between	Ye No Ye No Ye No Ye en parent and the parent the parent and the parent and the parent and the parent the pare	s — Submit an Applica s — Previous child care s — Other child care provi	ovider: _ ider. The provider:	ministry will not incur	
Is the child Is the exist Iote:	e child care provider listed on this form replacare provider? child care provider listed on this form replacare provider? child care provider listed on this form in acting child care provider? Child care service arrangements and agree financial or other liability for any contractual pay Affordable Child Care Benefit after elig	Child Care Benefit? acing a previous Idition to an ments are between the disagreement between the list of the l	Ye No Ye No Ye No Ye ne parent aneen the parent mined and we nefit Child Ca o the Child	s — Submit an Applica s — Previous child care s — Other child care provious d the child care provious and the child care when a valid Benefit F	ovider: _ ider. The provider. Plan is in	ministry will not incur The ministry will only place.	
Is the child Is the exist	e child care provider listed on this form replacare provider? child care provider listed on this form in acting child care provider listed on this form in acting child care provider? Child care provider? Child care service arrangements and agree financial or other liability for any contractual pay Affordable Child Care Benefit after eligical contraction: m that the information provided in this Afforstand that I am required to immediately services.	Child Care Benefit? acing a previous Idition to an ments are between the disagreement between the disagreement between the libility has been detered able Child Care Beresupply information to provided information to the contract of the	Ye No Ye No Ye No Present and we have the parent and we have and we have the Child contains the Child ion.	s — Submit an Applica s — Previous child care s — Other child care provious the child care provious and the child care when a valid Benefit F	ovider: _ ider. The provider. Plan is in	ministry will not incur The ministry will only place.	
Is the child Is the exist Idote:	e child care provider listed on this form replacare provider? child care provider listed on this form in acting child care provider? Child care provider listed on this form in acting child care provider? Child care service arrangements and agree financial or other liability for any contractual pay Affordable Child Care Benefit after eligical contraction: In that the information provided in this Afforstand that I am required to immediately station provided here or any subsequently	Child Care Benefit? acing a previous Idition to an ments are between the disagreement between the disagreement between the libility has been detered able Child Care Beresupply information to provided information to the contract of the	Ye No Ye No Ye No Present and we have the parent and we have and we have the Child contains the Child ion.	s — Submit an Applica s — Previous child care s — Other child care provious the child care provious and the child care when a valid Benefit F	ovider: _ ider. The provider. Plan is in n is com e if there	ministry will not incur The ministry will only place.	
Is the child Is the exist Idote:	s your first time applying for the Affordable child care provider listed on this form replacare provider? child care provider listed on this form in acting child care provider? Child care provider? Child care service arrangements and agree financial or other liability for any contractual pay Affordable Child Care Benefit after eligical contraction: In that the information provided in this Afforstand that I am required to immediately station provided here or any subsequently applicant must sign and date the	Child Care Benefit? acing a previous Idition to an ments are between the disagreement between the disagreement between the libility has been detered able Child Care Beresupply information to provided information to the contract of the	Ye No Ye No Ye No Present and we have the parent and we have and we have the Child contains the Child ion.	s — Submit an Applica s — Previous child care s — Other child care provint and the child care when a valid Benefit Fore care Service Centre e accepted.	ovider: _ ider. The provider. Plan is in n is com e if there	ministry will not incur The ministry will only place. plete and accurate. I e is a change to any	

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