



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 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 Affordable Child Care Benefits 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 Service Centre.

1. What is your name and contact information?

Form section 1: CHILD CARE PROVIDER'S OR LICENSEE'S NAME, FACILITY NAME, ADDRESS, MAILING ADDRESS, DAYTIME PHONE, SUPPLIER NUMBER, SECONDARY PHONE, LICENCE NUMBER, CITY/TOWN, POSTAL CODE.

2. What type of child care do you provide?

Check [X] the box that applies to you.

Form section 2: Licensed Group child care, Licensed Family child care, Licensed Preschool, Registered licence-not-required [RLNR] child care, Licence-not-required [LNR] child care, Child care is provided in the child's own home.

3. Child(ren) Name(s)

Form section 3: Child(ren) Name(s), CHILD'S LAST NAME, FIRST, BIRTH DATE, Time of day child care is provided, Days/week, 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 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 LICENSEE'S NAME (please print)	SIGNATURE	DATE SIGNED (YYYY/MM/DD)
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The applicant must complete sections 5-8 and submit to the Child Care Service Centre.

5. What is your name?

APPLICANT'S LAST NAME	FIRST	PHONE ()
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6. What is your reason for submitting this form?

Check the box that applies.

Is this your first time applying for the Affordable Child Care Benefit?	<input type="checkbox"/> NO <input type="checkbox"/> YES — Submit an Application to the Child Care Service Centre
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 Affordable Child Care Benefit **after** eligibility has been determined and when a valid Benefit Plan is in place.

7. Declaration:

I confirm that the information provided in this Affordable Child Care Benefit Child Care Arrangement form is complete and accurate. I understand that I am required to immediately supply information to the Child Care 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)
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Once completed, please fax or mail to the Child Care Service Centre

Toll Free Fax 1877 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