

Applicant Information - Continued (refer to page 2 and 3 in guide)

Place(s) of Work/School (if applicable)

Grid for entering work/school information.

Contact Number of Work/School (include area code)

Do you ordinarily live On-Reserve? Yes No

Are you currently living Off-Reserve for the above noted Reason for Care? Yes No

If you answered "Yes" to either question, please provide the following:

Registration Number and Name of Reserve input fields.

Are you Métis? Yes No Do you ordinarily live on a Métis Settlement? Yes No

Co-applicant Information

Co-applicant's Last Name and Co-applicant's First Name input fields.

Birthdate (yyyy mm dd) and Citizenship Status: Canadian Citizen Permanent Resident

Reason for Care

Check as many as apply.

- Working Special Needs of Parent or Child Looking for Work
 Attending School Stay-at-Home Parent (for stay-at-home subsidy only)

Place(s) of Work/School (if applicable)

Grid for entering work/school information.

Contact Number of Work/School (include area code)

Do you ordinarily live On-Reserve? Yes No

Are you currently living Off-Reserve for the above noted Reason for Care? Yes No

If you answered "Yes" to either question, please provide the following:

Registration Number and Name of Reserve input fields.

Are you Métis? Yes No Do you ordinarily live on a Métis Settlement? Yes No

List Children requiring Child Care Subsidy - Continued

2 Child's Last Name Child's First Name

Birthdate yyyy mm dd and Grade (if applicable)

Citizenship Status: Canadian Citizen Permanent Resident

Same as above **OR** Name and address of licensed day care, pre-school, out-of-school care, group family child care program, or contracted Family Day Home Agency.

Estimated hours of care needed per month

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 am to 6:00 pm?

Start Date yyyy mm dd

List Children requiring Child Care Subsidy - Continued

3 Child's Last Name Child's First Name

Birthdate yyyy mm dd and Grade (if applicable)

Citizenship Status: Canadian Citizen Permanent Resident

Same as above **OR** Name and address of licensed day care, pre-school, out-of-school care, group family child care program, or contracted Family Day Home Agency.

Estimated hours of care needed per month

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 am to 6:00 pm?

Start Date yyyy mm dd

List Children requiring Child Care Subsidy - Continued

4 Child's Last Name _____ Child's First Name _____

Birthdate yyyy mm dd and Grade (if applicable)

Citizenship Status: Canadian Citizen Permanent Resident

Same as above OR Name and address of licensed day care, pre-school, out-of-school care, group family child care program, or contracted Family Day Home Agency.

Estimated hours of care needed per month

Estimated Costs (\$ per month)

How many hours of care are needed outside regular business hours of Monday to Friday 6:00 am to 6:00 pm?

Start Date yyyy mm dd

Section 6 - Kin Child Care Subsidy ONLY (refer to page 2 and 4 in guide)
(only complete if applying for the Kin Child Care Subsidy Program)

Relative Caregiver's Details

Caregiver's Last Name

Caregiver's First Name

Birthdate

Address (include Apt #, street, P.O. Box#)

City/Town

A B

Postal Code

Telephone Number (include area code)

Relationship to the child

Section 7 - Declarations (refer to page 6 in guide)

Declaration of a Relative Caregiver

I declare that the above information is true and accurate.

X

Signature of Relative Caregiver

Date

FOR ALL SUBSIDY APPLICANTS

Applicant and Co-Applicant Declaration and Consent

- I declare that the information I have given on this application is true and complete.
- I understand that giving false or incomplete information, or not advising of any changes in circumstances may result in the termination or suspension of subsidy and the requirement to repay subsidy that I have received.
- I understand that the information I give on the application form may be verified by an Alberta Children and Youth Services representative at any time.
- I will advise Alberta Children and Youth Services Child Care Subsidy program immediately of any changes in circumstances that will affect my eligibility for subsidy.
- I understand that I may be required to provide additional information in order to confirm my initial and continuing eligibility for Child Care Subsidy. I understand that Alberta Children and Youth Services may initiate an investigation relating to my eligibility for Child Care Subsidy.

I consent to:

- Alberta Children and Youth Services staff disclosing to a licensed child care program, approved early learning program or family day home agency that I have chosen for the care of my child, information to identify myself/ourselves, my child(ren), our address, the amount of subsidy we are eligible to receive and the subsidy period.
- Alberta Children and Youth Services disclosing to other Ministries in the Government of Alberta and the Government of Canada the following information about myself/ourselves including: financial information, employment information, marital status, telephone numbers, dependents and addresses or the amount of subsidy I/we are eligible to receive to verify my/our eligibility for Child Care Subsidy and other government programs or benefits offered by the Government of Alberta or the Government of Canada.

I have read the above Declaration and Consent and I understand what it says.

X

Signature of Applicant

Date

X

Signature of Co-applicant

Date