



The personal information collected on this form is under the authority of the Child Care Subsidy Act. The information will be used to determine eligibility for child care subsidy. Personal information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Subsidy Service Centre at 1-888-338-6622.

This form is used to collect child care provider (licensed, licence-not-required, registered licence-not-required and in the child's own home) information. A separate form is required for each child care provider.

The child care provider completes Sections 1-4. Please complete all applicable fields.

SECTION 1 CHILD CARE PROVIDER

Licensed child care providers:

Form for licensed child care providers with fields for Facility Name, Facility Licence Number, and Licensee Name.

Licence-not-required (LNR), registered licence-not-required (RLNR) and in the child's own home child care providers:

Form for LNR, RLNR, and in-home providers with fields for provider name, registration program, and relationship to child.

SECTION 2 CHILD CARE PROVIDER CONTACT INFORMATION

Form for contact information with fields for street address, city/town, postal code, and daytime/evening phone numbers.

SECTION 3 CHILD CARE ARRANGEMENT

Form for child care arrangement with fields for child's name, type of care, before/after school care, time of day, and rates.

SECTION 3 CHILD CARE ARRANGEMENT continued

2nd CHILD'S NAME (Last, First and Middle)				
Type of Child Care <input type="checkbox"/> LICENSED GROUP <input type="checkbox"/> LNR FAMILY <input type="checkbox"/> LICENSED FAMILY <input type="checkbox"/> RLNR FAMILY <input type="checkbox"/> LICENSED PRESCHOOL <input type="checkbox"/> IN THE CHILD'S OWN HOME		Before and/or After School Care <input type="checkbox"/> KINDERGARTEN IN A LICENSED OUT-OF-SCHOOL <input type="checkbox"/> KINDERGARTEN IN A LICENSED GROUP <input type="checkbox"/> GRADES 1 AND UP		Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD) (If applicable)
Time of day child care is provided FROM: _____ TO: _____ <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN				
Hours/Day	Days/Month	Daily Rate (\$)	Monthly Rate (\$)	Full day rate (\$) for child care provided during school closures or child illness.
Time of day child care is provided FROM: _____ TO: _____ <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN				
Hours/Day	Days/Month	Daily Rate (\$)	Monthly Rate (\$)	Full day rate (\$) for child care provided during school closures or child illness.

If you require additional space for another child, please use a separate form.

SECTION 4 CHILD CARE PROVIDER DECLARATION

I understand that: subsidy may be paid from the first day of the month in which the application is received by the Child Care Subsidy Service Centre, or the date child care begins, whichever is later. The applicant is responsible for child care fees prior to this date. 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. I may be required to supply additional information to the Child Care Subsidy Service Centre in order for the applicant's application to be processed and maintained. It is an offence under the *Child Care Subsidy Act* to supply false or misleading information.

I understand that: under section 5 of the *Child Care Subsidy Act* and the *Freedom of Information and Protection of Privacy Act*, the minister is authorized to collect information for the purpose of determining or auditing eligibility for child care subsidy.

CHILD CARE PROVIDER'S OR LICENSED SIGNING AUTHORITY'S NAME (Last, First and Middle) (Please print)	
CHILD CARE PROVIDER'S OR LICENSED SIGNING AUTHORITY SIGNATURE	DATE SIGNED (YYYY/MMM/DD)

The applicant completes Sections 5-6

SECTION 5 REASON FOR FORM SUBMISSION

Purpose for submitting this information, (check one):

- I am a first time applicant or I am renewing my application. Applicant must submit a Child Care Subsidy Application form (CF2900).
- The child care provider listed has changes to their existing information (i.e. daily or monthly rates, address, child care information, registration status, community care facility licence).
- The child care provider listed is replacing my previous child care provider. Name of previous child care provider: _____.
- The child care provider listed is in addition to my existing child care provider.

SECTION 6 APPLICANT DECLARATION

I confirm that: the information provided in this application 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.

APPLICANT'S NAME (Last, First and Middle) (Please print)		SOCIAL INSURANCE NUMBER
APPLICANT'S SIGNATURE	PHONE ()	DATE SIGNED (YYYY/MMM/DD)

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

Toll Free Fax 1-877-544-0699

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