York Region

CHILD CARE OPERATORS INQUIRY FORM

CONTACT INFORMATION

First and last name: _____

Address: _____

Daytime telephone number: _____ Email: _____

Child care site/Agency name: _____

MY CURRENT OR MOST RECENT POSITION WAS:

☐ RECE ☐ Non-RECE ☐ Supervisor ☐ Home Provider

MY CURRENT POSITION IS IN THE FOLLOWING AGE GROUP:

☐ Infant ☐ Toddler ☐ Preschool ☐ Kindergarten ☐ School Age

REASON FOR INQUIRY (CHECK THE BOX THAT APPLIES TO YOU)

My inquiry is about hours worked in: ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024 ☐ 2025

My inquiry is about:

☐ Wage Enhancement Funding ☐ General Operating Grant

☐ Licensed Home Child Care Base Funding ☐ CWELCC

☐ I do not agree with the amount I received from the Operator

☐ I did not receive any funding from the Operator

Please outline the details of your inquiry, providing as much information as possible, including dates of employment, total hours worked, classroom and position.

Date completed: _____ Signature: _____

Please send completed form to:

Child Care Inquiries, Child Care Services at childcarecontractinquiries@york.ca