

First name	Last name
Street number	Street name
Unit number	City/Town
Province	Postal code

Child's name (first and last name)	Absent parent/guardian not living in the home	Date of separation (if applicable) (mm/yy)

**Other adults living in the home**

Name of adult	Relationship to applicant	Date started residing together (mm/dd/yy)

My child(ren) lives with me full-time      Yes      No      **If no, please complete a Declaration and Undertaking (CCS 20)**

I undertake to advise my Children's Services Representative of any change which may have an impact on my eligibility for Child Care Fee Subsidy within 10 business days, as per the Child Care Fee Subsidy Agreement, Section 7, Requirement to Report Changes. **I solemnly declare that the information in this declaration is true.**

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

Signature

**Notice with Respect to the Collection of Personal Information**  
*(Freedom of Information and Protection of Privacy Act. Municipal Freedom of Information and Protection of Privacy Act.)*

Personal Information in this Consent is collected under the legal authority of the Child Care and Early Years Act, 2014, for the purpose of verifying eligibility or continuing eligibility for Child Care Fee Subsidy. For more information, contact the Manager of Child Care Services, The Regional Municipality of York, 520 Cane Parkway, Newmarket, ON L3Y 8T5, telephone: 1-877-464-9675 ext. 76655.

**If you have questions about your Child Care Fee Subsidy, please contact your Children's Services Representative or call Access York at 1-877-464-9675.**