

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	Absent parent/ guardian date of birth (mm/dd/yy)	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.