

CHILD CARE FEE SUBSIDY Declaration of Family Information

First name	Last name		
Street number Str	eet name		
Unit number	City/Town		
Province	Postal code		
First and last names of child(ren) living with you at home	First and last names of child's other parent/guardian	Do you live with the parent/guardian of your child(ren)?	
		Yes	No
Other adults living in the home			
Are you living with a common-la	w partner/spouse (such as a boy	friend or girlfrien	d)? Yes No
First and last names of common-law partner			Date started residing together (mm/dd/yy)
My child(ren) lives with me full-tin	-	e complete a Decl aking (CCS 20)	aration
I undertake to advise my Children's eligibility for Child Care Fee Subsid Section 7, Requirement to Report C	y within 10 business days, as per th	ne Child Care Fee S	Subsidy Agreement,
This	day of		, 20
Signature			
Notice with Respect to the Colle	ction of Personal Information		
(Freedom of Information and Proof Privacy Act.)	otection of Privacy Act. Municipal	Freedom of Infor	mation and Protection
Years Act, 2014, for the purpose of For more information, contact the	sent is collected under the legal a of verifying eligibility or continuir se Manager of Child Care Services, 3Y 8T5, telephone: 1-877-464-96	ng eligibility for C , The Regional Mu	hild Care Fee Subsidy.
If you have questions about you Representative or call Access You	ır Child Care Fee Subsidy, please erk at 1-877-464-9675.	contact your Chil	dren's Services