

Applicant name

This is to confirm that the above-named person is registered for the following course(s):

**COURSE ONE:**

Course name/level

Start date

End date

**Check the day(s) student attends this course:**

Monday

Tuesday

Wednesday

Thursday

Friday

**Fill in the hours student attends this course:** A.M. to P.M. to

**COURSE TWO:**

Course name/level

Start date

End date

**Check the day(s) student attends this course:**

Monday

Tuesday

Wednesday

Thursday

Friday

**Fill in the hours student attends this course:** A.M. to P.M. to

School official name

Title

Phone number

School official signature

Date (mm/dd/yy)

**This form should be returned to The Regional Municipality of York:**

50 High Tech Road, 4th Floor, Richmond Hill, ON L4B 4N7

Fax: 905-762-2099 or

17310 Yonge Street, Unit 9, Newmarket, ON L3Y 7R8

Fax: 905-895-8377 or

9060 Jane Street, Vaughan, ON L4K 0G5

Fax: 905-660-4865

School stamp

**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.