

ADVANCING futures

Please have your child care provider complete the following form to confirm your child care fees. **Please fax completed forms to (780) 644-6905.**

Parent: _____

CHILD CARE PROVIDER INFORMATION

CHILD CARE PROVIDER'S NAME:		
CONTACT:		
CONTACT'S TITLE:		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE NUMBER: ()	FAX NUMBER: ()	

FEES FOR CHILD CARE INFORMATION (*Child care fees paid directly to student*)

ENROLLMENT START DATE (YY/MM/DD):	ENROLLMENT END DATE (YY/MM/DD):	<i>Please note that for the purpose of this form the enrollment duration can not be longer than 12 months.</i>	
PARENT RECEIVING DAYCARE SUBSIDY: <input type="radio"/> YES <input type="radio"/> NO			
CHILD'S LAST NAME:	FIRST NAME:	PARENT PORTION FEES:	
CHILD'S LAST NAME:	FIRST NAME:	PARENT PORTION FEES:	
CHILD'S LAST NAME:	FIRST NAME:	PARENT PORTION FEES:	
OTHER FEES:	DESCRIPTION OF OTHER FEES:		

I confirm the information that I have provided in this application is true, accurate and complete.
This section is to be signed by the child care provider.

SIGNATURE:	DATE (YY/MM/DD):
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