



# Children's Services Child Care Fee Subsidy Application

London  
CANADA

All submitted documents will be retained by the Corporation of the City of London for a period of not less than nine (9) years. Notice of Collection of Personal Information: The personal information collected on this form is collected under the authority of the Child Care and Early Years Act and will be used to determine eligibility for Child Care Fee Subsidy. Questions about this collection of personal information may be directed to the Children's Services office at 519-661-4834.

## Section 1 - Family Members

A "Family" is the applicant, spouse or partner, and dependent children living in the same home.

### Applicant

Last Name		First Name		Middle Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth (yyyy-mm-dd)	Primary Phone Number		Phone Number Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Secondary Phone Number	Phone Number Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Email Address		
I prefer that Children's Services contact me or reply to my inquiries by email and I understand that the internet is not a secure method of communication and may contain my confidential information. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Status in Canada: <input type="checkbox"/> Born in Canada <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Work/Student Visa					

### Home Address

Unit #	Street Address	City/Town	Postal Code
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### Applicant 2 (If applicable)

For Child Care Fee Subsidy purposes, please fill this section in if there you have a spouse, partner or a common-law partner.

Last Name		First Name		Middle Name	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			Date of Birth (yyyy-mm-dd)		

### Dependent Children

The number of dependents living in your home affects your eligibility. List all dependent children under the age of 18 living in the home even if child care is not required for the child.

Last Name		First Name		Middle Name	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth (yyyy-mm-dd)	This person (check all that apply): <input type="checkbox"/> Requires child care <input type="checkbox"/> Does not require care		

If this person requires child care:		
Preferred Start Date (yyyy-mm-dd):		Child Care Choice (if known):
If this person is currently in care:		
Child Care Centre:		School/Grade:
Last Name	First Name	Middle Name
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth (yyyy-mm-dd)	This person (check all that apply): <input type="checkbox"/> Requires child care <input type="checkbox"/> Does not require care
If this person requires child care:		
Preferred Start Date (yyyy-mm-dd):		Child Care Choice (if known):
If this person is currently in care:		
Child Care Centre:		School/Grade:
Last Name	First Name	Middle Name
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth (yyyy-mm-dd)	This person (check all that apply): <input type="checkbox"/> Requires child care <input type="checkbox"/> Does not require care
If this person requires child care:		
Preferred Start Date (yyyy-mm-dd):		Child Care Choice (if known):
If this person is currently in care:		
Child Care Centre:		School/Grade:
Last Name	First Name	Middle Name
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth (yyyy-mm-dd)	This person (check all that apply): <input type="checkbox"/> Requires child care <input type="checkbox"/> Does not require care
If this person requires child care:		
Preferred Start Date (yyyy-mm-dd):		Child Care Choice (if known):
If this person is currently in care:		
Child Care Centre:		School/Grade:

## Section 2 – Reason for Needing Child Care

To be eligible, you and your spouse need a reason for child care. Select your reason below. If eligible, Child Care Fee Subsidy may be provided.

### Applicant

Reason(s) for applying to Child Care Fee Subsidy:	
<input type="checkbox"/> Employment – <input type="checkbox"/> Full-Time / <input type="checkbox"/> Part-Time / <input type="checkbox"/> Self Employed	<input type="checkbox"/> Therapeutic Referral –
<input type="checkbox"/> Education	<input type="checkbox"/> Child / <input type="checkbox"/> Parent
<input type="checkbox"/> Ontario Works / Ontario Disability Support Program (ODSP)	

### Applicant 2

Reason(s) for applying to Child Care Fee Subsidy:	
<input type="checkbox"/> Employment – <input type="checkbox"/> Full-Time / <input type="checkbox"/> Part-Time / <input type="checkbox"/> Self Employed	<input type="checkbox"/> Therapeutic Referral –
<input type="checkbox"/> Education	<input type="checkbox"/> Child / <input type="checkbox"/> Parent
<input type="checkbox"/> Ontario Works / Ontario Disability Support Program (ODSP)	

### Section 3 – Income

#### Applicant

Sources for Income:		
<input type="checkbox"/> Earnings	<input type="checkbox"/> Ontario Works	<input type="checkbox"/> Employment Insurance
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Ontario Disability Support Payment	<input type="checkbox"/> Canada Pension Plan
<input type="checkbox"/> Ontario Student Assistance Program	<input type="checkbox"/> Workplace Safety Insurance Payment	<input type="checkbox"/> Other
<input type="checkbox"/> Support		

#### Applicant 2

Sources for Income:		
<input type="checkbox"/> Earnings	<input type="checkbox"/> Ontario Works	<input type="checkbox"/> Employment Insurance
<input type="checkbox"/> Self Employed	<input type="checkbox"/> Ontario Disability Support Payment	<input type="checkbox"/> Canada Pension Plan
<input type="checkbox"/> Ontario Student Assistance Program	<input type="checkbox"/> Workplace Safety Insurance Payment	<input type="checkbox"/> Other
<input type="checkbox"/> Support		

### Section 4 – Contact and Appointment Preferences

How may we contact you?		Preferred contact:			
<input type="checkbox"/> By Phone	<input type="checkbox"/> By E-mail				
Preferred Contact Day:					
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Any Day
Preferred Contact Time:					
<input type="checkbox"/> 8:30 – 10:30	<input type="checkbox"/> 10:30 – 12:30	<input type="checkbox"/> 12:30 – 2:30	<input type="checkbox"/> 2:30 – 4:30	<input type="checkbox"/> Any time 8:30 - 4:30	
Do you need a language interpreter?	Language Spoken:	Do you need any other assistance?			
<input type="checkbox"/> Yes <input type="checkbox"/> No					

### Section 5 – Comments

Please provide any additional information you would like us to know about.
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## Section 6 – Declaration and Consent

### Applicant:

I confirm that all of the information on this application is true and to the best of my/our knowledge and belief. I/we will inform The Corporation of the City of London, Neighbourhood, Children & Fire Services, Children's Services immediately of any changes in my/our circumstances, such as changes in marital status, employment, school, training, child care centres, and/or any other changes in my/our situation.

Applicant's Name (please print)	Applicant's Signature	Date Signed (yyyy-mm-dd)
Applicant 2's Name (please print)	Applicant 2's Signature	Date Signed (yyyy-mm-dd)

### Submit your Completed Application and Supporting Documents

Submit your application and supporting documents to the Children's Services office by fax, e-mail, mail or in-person.

**Fax:** 519-661-5821

**E-mail:** [childcare@london.ca](mailto:childcare@london.ca)

**Mailing Address:** Children's Services  
355 Wellington St, Suite 248  
PO BOX 5045  
London, ON N6A 3N7

**For more information, call the Children's Services office at 519-661-4834.**

If funding is not available, the name of each eligible child will be kept on a waitlist for Child Care Fee Subsidy. Your waitlist date will be the date all documentation has been received by the Children's Services office.