

Child Care and Early Years Child Care Fee Subsidy Application

Section 1 - Information about the Family

A "Family" is the applicant, their spouse or partner, and all dependent child(ren) living in the same home.

Home Address						
	Street Address		City/Town	Postal Code		
Applicant 1						
Last Name		First Name		Previous Last Name (if applicable)		
Gender		Date of Birth (yyyy-mm-dd)	Primary Phone N	lumber Phone Number Type		
☐ Male ☐ Female ☐ Unknow		vn		☐Home ☐Cell ☐Work		
Secondary F	Phone Number Phone I	Number Type Er	nail Address			
	☐ Home ☐ Cell ☐ Work					
Marital Statu	S:					
☐ Sin	gle 🗌 Married	☐ Separated ☐ (Common-Law	☐ Divorced ☐ Widowed		
	orn in Canada?	(yyyy-mm-dd)	Immigration S			
∐ Ye	,			Work P ☐ N/A		
Have you received Child Care Fee Subsidy within the London-Middlesex area before? Yes No						
Applican	t 2 (If applicable)					
For Child	Care Fee Subsidy p	urposes, a spouse is a	also a commo	on law partner who has been		
				o of some permanence.		
Last Name		First Name		Previous Last Name (if applicable)		
Gender		Date of Birth (yyyy-mm-dd)	Primary Phone N	lumber Phone Number Type		
☐Male	□ Male □ Female □ Unknown □ Home □ Cell □ Work					
Secondary Phone Number Phone Number Type Email Address						
	□Hoi	me				
Marital Statu	S:	<u>.</u>				
☐ Sin	=	☐ Separated ☐ 0	Common-Law	☐ Divorced ☐ Widowed		
Were you born in Canada? (yyyy-mm-dd) Immigration Status: ☐ Yes ☐ No, Date Arrived: ☐ Student Visa ☐ Work Permit ☐ N/A						
Have you received Child Care Fee Subsidy within the London-Middlesex area before? Yes No						

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Section 1 – Information About the Family (continued) Dependent Children

Please include the names and birth dates for <u>all</u> children residing in the home, even if child care is not required

not required.		
Last Name	First Name	Pronoun (optional)
Gender	Date of Birth (yyyy-mm-dd)	Child Care Required?
☐ Male ☐ Female ☐ Unknown		l ·
	Bush and Ohild Over Overtra (if here was)	Yes No (skip to next section)
Currently in Child Care?	Preferred Child Care Centre (if known)	Preferred Start Date (yyyy-mm-dd)
□Yes □ No		
Current Child Care Centre:	School & Grade	
Last Name	First Name	Pronoun (optional)
Gender	Date of Birth (yyyy-mm-dd)	Child Care Required?
☐ Male ☐ Female ☐ Unknown		
		Yes No (skip to next section)
Currently in Child Care?	Preferred Child Care Centre (if known)	Preferred Start Date (yyyy-mm-dd)
□Yes □ No		
Current Child Care Centre:	School & Grade	
1 (1)	=:	B (() ()
Last Name	First Name	Pronoun (optional)
Last Name	First Name	Pronoun (optional)
Last Name Gender	First Name Date of Birth (yyyy-mm-dd)	Pronoun (optional) Child Care Required?
		Child Care Required?
Gender □ Male □ Female □ Unknown	Date of Birth (yyyy-mm-dd)	Child Care Required? ☐ Yes ☐ No (skip to next section)
Gender Male Female Unknown Currently in Child Care?		Child Care Required?
Gender □ Male □ Female □ Unknown	Date of Birth (yyyy-mm-dd)	Child Care Required? ☐ Yes ☐ No (skip to next section)
Gender Male Female Unknown Currently in Child Care? Yes No	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known)	Child Care Required? ☐ Yes ☐ No (skip to next section)
Gender Male Female Unknown Currently in Child Care?	Date of Birth (yyyy-mm-dd)	Child Care Required? ☐ Yes ☐ No (skip to next section)
Gender Male Female Unknown Currently in Child Care? Yes No Current Child Care Centre:	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known) School & Grade	Child Care Required? Yes No (skip to next section) Preferred Start Date (yyyy-mm-dd)
Gender Male Female Unknown Currently in Child Care? Yes No	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known)	Child Care Required? ☐ Yes ☐ No (skip to next section)
Gender Male Female Unknown Currently in Child Care? Yes No Current Child Care Centre:	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known) School & Grade	Child Care Required? Yes No (skip to next section) Preferred Start Date (yyyy-mm-dd)
Gender Male Female Unknown Currently in Child Care? Yes No Current Child Care Centre:	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known) School & Grade	Child Care Required? Yes No (skip to next section) Preferred Start Date (yyyy-mm-dd)
Gender Male Female Unknown Currently in Child Care? Yes No Current Child Care Centre: Last Name Gender	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known) School & Grade First Name	Child Care Required? Yes No (skip to next section) Preferred Start Date (yyyy-mm-dd) Pronoun (optional) Child Care Required?
Gender Male Female Unknown Currently in Child Care? Yes No Current Child Care Centre: Last Name Gender Male Female Unknown	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known) School & Grade First Name Date of Birth (yyyy-mm-dd)	Child Care Required? Yes No (skip to next section) Preferred Start Date (yyyy-mm-dd) Pronoun (optional) Child Care Required? Yes No (skip to next section)
Gender Male Female Unknown Currently in Child Care? Yes No Current Child Care Centre: Last Name Gender Male Female Unknown Currently in Child Care?	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known) School & Grade First Name	Child Care Required? Yes No (skip to next section) Preferred Start Date (yyyy-mm-dd) Pronoun (optional) Child Care Required?
Gender Male Female Unknown Currently in Child Care? Yes No Current Child Care Centre: Last Name Gender Male Female Unknown	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known) School & Grade First Name Date of Birth (yyyy-mm-dd)	Child Care Required? Yes No (skip to next section) Preferred Start Date (yyyy-mm-dd) Pronoun (optional) Child Care Required? Yes No (skip to next section)
Gender Male Female Unknown Currently in Child Care? Yes No Current Child Care Centre: Last Name Gender Male Female Unknown Currently in Child Care? Yes No	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known) School & Grade First Name Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known)	Child Care Required? Yes No (skip to next section) Preferred Start Date (yyyy-mm-dd) Pronoun (optional) Child Care Required? Yes No (skip to next section)
Gender Male Female Unknown Currently in Child Care? Yes No Current Child Care Centre: Last Name Gender Male Female Unknown Currently in Child Care?	Date of Birth (yyyy-mm-dd) Preferred Child Care Centre (if known) School & Grade First Name Date of Birth (yyyy-mm-dd)	Child Care Required? Yes No (skip to next section) Preferred Start Date (yyyy-mm-dd) Pronoun (optional) Child Care Required? Yes No (skip to next section)

If you have additional children, please use the Comments section below to include their information with your application.

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Section 2 – Reason for Applying for Child Care Fee Subsidy (Need for child care)

Please select your reason(s) for needing child care below. Select all that apply. If eligible, Child Care Fee Subsidy may be provided.

Applicant 1

тррпоант і						
Reason(s) for Child Care:						
□Work						
□Full-Time □Part-Time	☐Shift work ☐Self-Employe	d				
☐ Attending School						
☐Full-Time ☐Part-Time	☐Work & School					
☐ Therapeutic Referral	□Emergency Referral					
☐ Child(ren)	☐Child(ren)					
□ Parent	□Parent					
l	mergency Child Care	☐Temporary Care				
_	nildren's Aid Society Referral	Special Circumstances				
<u> </u>		Elopecial Ollouristanoes				
- Ontario Works - C	☐ Ontario Works ☐ Other					
Applicant 2						
Reason(s) for Child Care:						
□Work						
☐Full-Time ☐Part-Time ☐Shift work ☐Self-Employed						
☐ Attending School						
□Full-Time □Part-Time □Work & School						
☐ Therapeutic Referral ☐ Emergency Referral						
☐ Child(ren) ☐ Child(ren)						
□ Parent □ Parent						
l	☐Temporary Care					
Looking for Work Emergency Child Care						
☐ Child with Special Needs ☐ Children's Aid Society Refer		☐Special Circumstances				
☐ Ontario Works ☐ C	Ontario Works					
Section 3 – Income Source(s)						
• •	sidy is based on the family's in	come. Please select your income				
source(s). Select all that apply. If						
Applicant 1	ongibio, orina dare i de dabe	ay may be provided.				
Income Source(s)						
☐ Earnings	☐ Ontario Works	☐ Employment Insurance				
Self Employed	☐ Ontario Disability Support	☐ Canada Pension Plan				
Ontario Student Assistance	Payment	☐ No Income				
Program	П. W I I О - С - С - I	Othor				
	☐ Workplace Safety Insurance	Other				
Support	□ worкріасе Safety insurance Payment	□ Other				
		∟ Other				
Applicant 2		∟ Otner				
Applicant 2 Income Source(s)	Payment					
Applicant 2 Income Source(s) Earnings	Payment Ontario Works	☐ Employment Insurance				
Applicant 2 Income Source(s) Earnings Self Employed	Payment ☐ Ontario Works ☐ Ontario Disability Support	☐ Employment Insurance ☐ Canada Pension Plan				
Applicant 2 Income Source(s) Earnings Self Employed Ontario Student Assistance	Payment ☐ Ontario Works ☐ Ontario Disability Support Payment	☐ Employment Insurance ☐ Canada Pension Plan ☐ No Income				
Applicant 2 Income Source(s) Earnings Self Employed	Payment ☐ Ontario Works ☐ Ontario Disability Support	☐ Employment Insurance ☐ Canada Pension Plan				

Section 4– Communication Preferences

Language Spoken:	Do you need any other assistance?					
	☐No ☐ Yes (For other needs, please explain in the Comments section below)					
Section 5 – Comments						
Please provide any additional in	nformation you would like us to know about.					

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Section 6 - Declaration and Consent

Applicant(s):

I confirm that all the information on this application is true and to the best of my / our knowledge and belief. As a condition of receiving Child Care Fee Subsidy, the City of London reserves the right to contact an employer, educational institution, or community referral agency to confirm that you and/or your spouse are employed, in school, or are involved with the referral agency, and as a result, still require Child Care Fee Subsidy.

I/we will inform the Corporation of the City of London, Social and Health Development, Child Care and Early Years Fee Subsidy Office 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 1's Name (please print)	Applicant 1'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 online through the Child Care and Early Years Online Portal (london.ca). To protect your personal and confidential information, we will no longer accept applications and / or supporting documents submitted via email.

Fax: 519-661-5821

Mailing Address: Child Care and Early Years

355 Wellington St, Suite 248

PO BOX 5045

London, ON N6A 4L6

For more information, call Child Care and Early Years at 519-661-4834

If funding is not available, the name of each eligible child will be placed on a waitlist for Child Care Fee Subsidy. Your waitlist date will be the date <u>all documentation</u> has been received by the Child Care and Early Years office.

Please do not submit original documents or Health cards for any family member.

The personal information collected on this form is collected under the authority section 9 of O. Reg. 138/15 of the Child Care and Early Years Act, 2014, and will be used to determine and verify initial and ongoing eligibility for Child Care Fee Subsidy and administer the delivery of Child Care Fee Subsidy and the Early Years Community Plan by the City of London, Child Care and Early Years. By submitting your application, you are consenting to receive electronic communications from the City of London for the purposes related to this program. Questions about the collection of this personal information can be directed to Manager, Child Care and Early Years, P.O. Box 5045, 355 Wellington St., Suite 248, London, ON N6A 4L6. Tel: 519-661-4834, Email: childcare@london.ca

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