



Child Care and Early Years

Child Care Fee Subsidy Application

London
CANADA

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

Unit #	Street Address	City/Town	Postal Code
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Applicant 1

Last Name		First Name		Previous Last Name (if applicable)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		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		
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					
Have you received Child Care Fee Subsidy within the London-Middlesex area before? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Applicant 2 (If applicable)

For Child Care Fee Subsidy purposes, a spouse is also a common law partner who has been residing in the home for more than three years or in a relationship of some permanence.

Last Name		First Name		Previous Last Name (if applicable)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		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		
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					
Have you received Child Care Fee Subsidy within the London-Middlesex area before? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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

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

Last Name	First Name	Pronoun (optional)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of Birth (yyyy-mm-dd)	Child Care Required? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)
Currently in Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Child Care Centre (if known)	Preferred Start Date (yyyy-mm-dd)
Current Child Care Centre:	School & Grade	
Last Name	First Name	Pronoun (optional)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of Birth (yyyy-mm-dd)	Child Care Required? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)
Currently in Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Child Care Centre (if known)	Preferred Start Date (yyyy-mm-dd)
Current Child Care Centre:	School & Grade	
Last Name	First Name	Pronoun (optional)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of Birth (yyyy-mm-dd)	Child Care Required? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)
Currently in Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Child Care Centre (if known)	Preferred Start Date (yyyy-mm-dd)
Current Child Care Centre:	School & Grade	
Last Name	First Name	Pronoun (optional)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of Birth (yyyy-mm-dd)	Child Care Required? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)
Currently in Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Child Care Centre (if known)	Preferred Start Date (yyyy-mm-dd)
Current Child Care Centre:	School & Grade	
Last Name	First Name	Pronoun (optional)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of Birth (yyyy-mm-dd)	Child Care Required? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to next section)
Currently in Child Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Child Care Centre (if known)	Preferred Start Date (yyyy-mm-dd)
Current Child Care Centre:	School & Grade	

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

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

Reason(s) for Child Care:

<input type="checkbox"/> Work	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Shift work	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Attending School	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Work & School	
<input type="checkbox"/> Therapeutic Referral	<input type="checkbox"/> Emergency Referral			
<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Child(ren)			
<input type="checkbox"/> Parent	<input type="checkbox"/> Parent			
<input type="checkbox"/> Looking for Work	<input type="checkbox"/> Emergency Child Care	<input type="checkbox"/> Temporary Care		
<input type="checkbox"/> Child with Special Needs	<input type="checkbox"/> Children’s Aid Society Referral	<input type="checkbox"/> Special Circumstances		
<input type="checkbox"/> Ontario Works	<input type="checkbox"/> Other			

Applicant 2

Reason(s) for Child Care:

<input type="checkbox"/> Work	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Shift work	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> Attending School	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Work & School	
<input type="checkbox"/> Therapeutic Referral	<input type="checkbox"/> Emergency Referral			
<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Child(ren)			
<input type="checkbox"/> Parent	<input type="checkbox"/> Parent			
<input type="checkbox"/> Looking for Work	<input type="checkbox"/> Emergency Child Care	<input type="checkbox"/> Temporary Care		
<input type="checkbox"/> Child with Special Needs	<input type="checkbox"/> Children’s Aid Society Referral	<input type="checkbox"/> Special Circumstances		
<input type="checkbox"/> Ontario Works	<input type="checkbox"/> Other			

Section 3 – Income Source(s)

Eligibility for Child Care Fee Subsidy is based on the family's income. Please select your income source(s). Select all that apply. If eligible, Child Care Fee Subsidy may be provided.

Applicant 1

Income Source(s)

<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"/> No Income
<input type="checkbox"/> Support		<input type="checkbox"/> Other

Applicant 2

Income Source(s)

<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"/> No Income
<input type="checkbox"/> Support		<input type="checkbox"/> Other

Section 4– Communication Preferences

Language Spoken:	Do you need any other assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes (For other needs, please explain in the Comments section below)
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Section 5 – Comments

Please provide any additional information you would like us to know about.

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 \(london.ca\)](https://www.london.ca/child-care-early-years). 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 all documentation 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