

Application for Child Care Subsidy

Applicant must be living in or in the process of moving to the Region of Peel

Applicant(s) Status Married Divorced Common Law Significant Partner
 Single Separated Widowed

Applicant 1 (Mr./Ms./Mrs.)

Applicant 2 (Spouse/Partner) (Mr./Ms./Mrs.)

	Last Name _____	First Name _____	
Date of Birth _____	/	/	SIN No. _____
Month/Day/Year			
Home Tel: () _____		Bus. Tel: () _____	
Email Address: _____			
Address _____			
Apt./Unit No. _____			
City _____ Postal Code _____			

	Last Name _____	First Name _____	
Date of Birth _____	/	/	SIN No. _____
Month/Day/Year			
Home Tel: () _____		Bus. Tel: () _____	
Email Address: _____			
Address _____			
Apt./Unit No. _____			
City _____ Postal Code _____			

Income verification: Attach a copy of your Canada Child Tax Benefit Notice or Notice of Assessment for all applicants for the most recent Tax Year. Your application cannot be processed without this information.

Employment Status

Applicant 1

- Employed (**Please attach 2 (two) recent consecutive pay stubs. Photocopies are acceptable, originals will not be returned**)
- Self employed
- On maternity/paternity leave
Expected date of return to work: _____
- Attending high school (**Please attach schedule**)
- Attending training/Vocational training program (**Please attach schedule**)
- Looking for work/school
- Unable to work _____
(Please specify)
- Other _____
(Please specify)

Work/School
(please circle)

_____ Company/School Name

No. of hours worked/attended school per week

Work/Attend School on	From (a.m.)	To (p.m.)
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____

Applicant 2

- Employed (**Please attach 2 (two) recent consecutive pay stubs. Photocopies are acceptable, originals will not be returned**)
- Self employed
- On maternity/paternity leave
Expected date of return to work: _____
- Attending high school (**Please attach schedule**)
- Attending training/Vocational training program (**Please attach schedule**)
- Looking for work/school
- Unable to work _____
(Please specify)
- Other _____
(Please specify)

Work/School
(please circle)

_____ Company/School Name

No. of hours worked/attended school per week

Work/Attend School on	From (a.m.)	To (p.m.)
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____

Children Requiring Child Care

* Note: In order to receive subsidized support for a child with a medical condition/special needs, a letter of referral (identifying the child's diagnosis/needs must be attached). This letter can be completed by a physician, health care agency or organization.

	Last Name	First Name	Date of Birth/Expected Due Date Month/Day/Year	*Child requires special care as a result of medical condition/special needs		Please provide details
Child 1			/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Care Centre/Agency preferred	1.	2.		3.		
Child 2			/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Care Centre/Agency preferred	1.	2.		3.		
Child 3			/ /	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child Care Centre/Agency preferred	1.	2.		3.		

I certify that the above information is accurate.

Applicant 1 Signature

Applicant 2 Signature

**Notice with respect to the collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)**

Personal information on this form is collected under the statutory authority of the Day Nurseries Act, R.S.O. 1990, c.III and for the purpose of administering subsidized child care in Peel. If you have any questions concerning the collection of this information, please call the Children's Services Division, Peel Region Social Services, at 905-791-1585.

"The Region of Peel supports the health of its employees. As some employees may be sensitive to the chemicals in manufactured scents, we request that you refrain from wearing scented products when attending your Child Care Subsidy interview"

**Children's Services 3515 Wolfedale Rd. Mississauga ON, L5C 1V8 Tel: 905-791 1585 Toll Free: 1-888-309-6640
Fax: 905-566 8436 or 905-566-8995 Email: Children@peelregion.ca**