

1. What is your name and contact information?

Affordable Child Care Benefit Child Care Arrangement

The personal information collected by the Ministry of Education and Child Care on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act* s. 26(c) for the purpose of administering the *Child Care Subsidy Act*. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Service Centre at 1-888-338-6622 or inquire in writing to the address at the end of this form.

This form *must* be submitted with an Affordable Child Care Benefit application form (CF2900) to apply for benefits.

The child care provider must complete sections 1–4, and sign. The form must then go to the applicant to complete sections 5–8 and submit to the Child Care Service Centre.

Child Care Provider's or Licensee's Name (Last, First, Middle)	Daytime Phone	Secondary Phone ()				
Facility Name (if applicable) (as it appears on the Community Care and Assisted Living A	Act licence)	Supplier Number	Licence Number				
Address (include apartment number and street name)	City/Town	1	Postal Code				
Mailing Address (if different than address above)	City/Town		Postal Code				
2. What type of child care do you pro Check ✓ the box that applies to you.	vide?						
Licensed Group child care		Includes under 36 months, 30 months to school age, multi-age, school age, and school age care on school grounds.					
Licensed Family child care		Includes in-home multi-age.					
Licensed Preschool		Is your Preschool open in the summer (July/August)? No Yes					
Registered licence-not-required [RLNR] ch	uld care	Is the child related to you? No Yes Note: In addition to children in your family (including extended family, i.e. grandchildren, nieces, nephews), RLNR and LNR child care providers may care for a maximum of two unrelated children or one					
Licence-not-required [LNR] child care		sibling group at any one time.					
b) Do you live in the same home as the ch	ndent of the parent?	o the child(ren):s					
3. Child(ren) Name(s) 1. Child's Last Name	First		Birth Date (yyyy/mmm/dd)				
Time of day child care is provided: From: To: From: To: Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Days/week: Mon Monthly Fee**:	Tue Wed Thu Fri Sat Sun Daily Fee**:	This child is enrolled in school (kindergarten and up) Full day rate for days of school closure:				
2. Child's Last Name	First	÷	Birth Date (yyyy/mmm/dd)				
Time of day child care is provided: From: To: From: To: Start Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)		Tue Wed Thu	☐ This child is enrolled in school (kindergarten and up)				
Start Date (۲۲۲۲//MMM/DD) EIIU Date (YYYY//MMM/DD)	Monthly Fee**:	Daily Fee**:	Full day rate for days of school closure:				

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3. Chil	ld's Last Name	First					Birth Date (yyyy/mmm/dd)			
Tim	ne of day child care is provided:									
1	om: To:	Days/week:	Mon	Tue	Wed	Thu	☐ This	child is enrolled in		
1	om: To:	, –	Fri	Sat Sun			school (kindergarten and up)			
	rt Date (YYYY/MMM/DD) End Date (YYYY/MMM/DD)	Monthly Fee**:		Daily Fe	e**:		Full day r	rate for days of school closure:		
\$			\$				\$	\$		
**Mon	nthly/Daily Fee is the parent's cost after Child Care	e Fee Reduction Initi	ative							
4. The c	child care provider <i>must</i> sign	and date this	s form in	order	for it	to be ac	cepted	L		
							-			
	nild care provider, I confirm I am require mation provided on this form or any su				Centre i	mmediatel	y if there	is a change to		
Child Care Provider's or Licensee's Name (please print)		Signa	ture					Date Signed (yyyy/mmm/dd)		
The app	olicant must complete sections 5	5-8 and subm	it to the C	hild C	are Se	rvice Ce	ntre.			
5 What	is your name?									
			Te: .				150			
Applicant's	Last Name		First				P	hone		
							()		
C What	in very verse a few authorities	. Alaia fawaa								
	is your reason for submitting ✓ I the box that applies.	, this form?								
Criecr	the box that applies.									
Is this yo	our first time applying for the Affordable	Child Care Ben	Child Care Benefit?							
				Yes	— Subr	nit an Appli	cation to 1	the Child Care Service Centre		
1	ild care provider listed on this form rep	lacing a previou								
child care provider?				☐ Yes — Previous child care provider:						
Is the child care provider listed on this form in addition to an				No						
existing child care provider?				Yes	— Othe	r child care	provider:			
Note: Chile	d care service arrangements and agre	ements are betw	een the pa	rent and	d the ch	ild care pro	vider. Th	e ministry will not incur		
fina	incial or other liability for any contractu	al disagreement	between th	e parer	nt and th	ne child car	e provide	er. The ministry will only		
pay	Affordable Child Care Benefit after eli	gibility has beer	determine	d and w	hen a v	alid Benefi	t Plan is	in place.		
7. Decla	aration:									
understar	hat the information provided in this Afford that I am required to immediately on provided here or any subsequent	supply informa	ation to the							
8. The a	pplicant must sign and date t	his form in o	order for	it to b	e acc	epted.				
Applicant's	Signature				Social Ir	surance Num	ber	Date Signed (yyyy/mmm/dd)		
								,		
1										

Once completed, please fax or mail to the Child Care Service Centre

Toll Free Fax 1 877 544-0699 **Toll Free Phone** 1 888 338-6622 Mailing Address
Child Care Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3

CF2798 (2022/01/14) PAGE 2 OF 2