

ADDITIONAL CHILDREN FOR CHILD CARE SUBSIDY REVIEW OF CONTINUED ELIGIBILITY

CHILD 1 - COMPLETE THIS SECTION ONLY IF CHILD IS, OR SOON WILL BE, ATTENDING CHILD CARE					
LAST NAME		FIRST NAME		DATE OF BIRTH (YYYY/MM/DD)	
CHILD CARE CENTRE		How many days per week, per type of child care does this child attend day care?		FD -	2/3 - 1/3 -
Do you share custody of this child?		Yes	No	- If yes, what percent of the week is this child with you?	
Do you have a support agreement?		Yes	No	📎 Court Order or Private Agreement	

CHILD 2 - COMPLETE THIS SECTION ONLY IF CHILD IS, OR SOON WILL BE, ATTENDING CHILD CARE					
LAST NAME		FIRST NAME		DATE OF BIRTH (YYYY/MM/DD)	
CHILD CARE CENTRE		How many days per week, per type of child care does this child attend day care?		FD -	2/3 - 1/3 -
Do you share custody of this child?		Yes	No	- If yes, what percent of the week is this child with you?	
Do you have a support agreement?		Yes	No	📎 Court Order or Private Agreement	

CHILD 3 - COMPLETE THIS SECTION ONLY IF CHILD IS, OR SOON WILL BE, ATTENDING CHILD CARE					
LAST NAME		FIRST NAME		DATE OF BIRTH (YYYY/MM/DD)	
CHILD CARE CENTRE		How many days per week, per type of child care does this child attend day care?		FD -	2/3 - 1/3 -
Do you share custody of this child?		Yes	No	- If yes, what percent of the week is this child with you?	
Do you have a support agreement?		Yes	No	📎 Court Order or Private Agreement	

CHILD 4 - COMPLETE THIS SECTION ONLY IF CHILD IS, OR SOON WILL BE, ATTENDING CHILD CARE					
LAST NAME		FIRST NAME		DATE OF BIRTH (YYYY/MM/DD)	
CHILD CARE CENTRE		How many days per week, per type of child care does this child attend day care?		FD -	2/3 - 1/3 -
Do you share custody of this child?		Yes	No	- If yes, what percent of the week is this child with you?	
Do you have a support agreement?		Yes	No	📎 Court Order or Private Agreement	