

FOR MSS USE ONLY

DS#
GA# (if applicable)
PARENT S.I.N.

Please complete and provide this information to parents who may apply for Child Care Subsidy through the Ministry of Social Services.

This form will ensure that information is consistent in all the Ministry's files and will assist in getting payments to you as quickly as possible.

PLEASE TYPE OR PRINT CLEARLY

PARENT NAME

LAST NAME	GIVEN NAME
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LICENSEE NAME (as it appears on the license)

	LICENSE NUMBER
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FACULTY NAME (if applicable)

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CAREGIVER ADDRESS

MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	TELEPHONE () -
DAY CARE ADDRESS (if different from mailing address)			
	CITY	POSTAL CODE	

Your current rate \$ daily/monthly.

LICENSE CATEGORY (Please check one or more of the following)

- | | | |
|------------------------------------------|---------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> FAMILY DAY CARE | <input type="checkbox"/> OUT OF SCHOOL CARE | <input type="checkbox"/> SPECIAL NEEDS DAY CARE |
| <input type="checkbox"/> GROUP DAY CARE | <input type="checkbox"/> PRESCHOOL | <input type="checkbox"/> EMERGENCY CARE |

SIGNATURE

DATE	CAREGIVER/AUTHORIZED SIGNATURE
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This form may be photocopied. Additional forms are available from MSS district offices.

FILE IN DISTRICT OFFICE CLIENT FILE