

ADVANCING futures

Please have your child care provider complete the following form to confirm your child care fees. Note that child care fees are paid directly to the student and at no time will the Advancing Futures bursary program pay a child care provider directly.

Please fax completed forms to (780) 644-6905.

Parent Name: _____

CHILD CARE PROVIDER INFORMATION

CHILD CARE PROVIDER'S NAME:		
CONTACT:		
CONTACT'S TITLE:		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE NUMBER: ()	FAX NUMBER: ()	

FEES FOR CHILD CARE INFORMATION (*Child care fees paid directly to student*)

ENROLLMENT START DATE (YY/MM/DD):	ENROLLMENT END DATE (YY/MM/DD):	
	<i>Please note that for the purpose of this form the enrollment duration can not be longer than 12 months.</i>	
PARENT RECEIVING DAYCARE SUBSIDY: <input type="radio"/> YES <input type="radio"/> NO		
CHILD'S LAST NAME:	FIRST NAME:	PARENT PORTION FEES:
CHILD'S LAST NAME:	FIRST NAME:	PARENT PORTION FEES:
CHILD'S LAST NAME:	FIRST NAME:	PARENT PORTION FEES:
OTHER FEES:	DESCRIPTION OF OTHER FEES:	

I confirm the information that I have provided in this application is true, accurate and complete.
This section is to be signed by the child care provider.

SIGNATURE:	DATE (YY/MM/DD):
------------	------------------

