

## Early Learning and Care Fee Subsidy Application

|  | Applicant                        | Co-Applicant                     |
|--|----------------------------------|----------------------------------|
| First and Last Name                    |                                  |                                  |
| Maiden/Previous Name                   |                                  |                                  |
| Social Insurance Number                |                                  |                                  |
| Birth Date (dd/mm/yy)                  |                                  |                                  |
| Gender (check)                         | Male                      Female | Male                      Female |
| Marital Status (check)                 | Single    Common-law    Married  | Separated    Widowed             |
| Home Address (st./city/ postal code)   |                                  |                                  |
| Mail Address (if different from above) |                                  |                                  |
| Email Address                          |                                  |                                  |
| Home Phone                             |                                  |                                  |
| Cell Phone                             |                                  |                                  |

### **Current Work or School Information**

|                         |           |  |           |  |           |  |           |  |
|-------------------------|-----------|--|-----------|--|-----------|--|-----------|--|
| Employer                |           |  |           |  |           |  |           |  |
| Work Phone              |           |  |           |  |           |  |           |  |
| School                  |           |  |           |  |           |  |           |  |
| Hours of Work or School | Full time |  | Part Time |  | Full Time |  | Part Time |  |

### **Children Living with You needing Child Care (age 0-12 years)**

| First Name | Last Name | Birth Date<br>(dd/mm/yy) | Gender<br>(M/F) | Days of the week Child Care is required |      |     |       |     |
|------------|-----------|--------------------------|-----------------|---|------|-----|-------|-----|
|            |           |                          |                 | Mon                                     | Tues | Wed | Thurs | Fri |
|            |           |                          |                 |   |      |     |       |     |
|            |           |                          |                 |   |      |     |       |     |
|            |           |                          |                 |   |      |     |       |     |
|            |           |                          |                 |   |      |     |       |     |

### **Additional Information**

Child's School if Applicable \_\_\_\_\_  
 Is full time care required for school-age children during school breaks?    Yes                  No  
 Name of the child care provider(s) \_\_\_\_\_  
 Start Date: \_\_\_\_\_

### **Declaration, Release and Consent to Information:**

*All the information in this application is true. I/we will inform the Kenora District Services Board (KDSB) immediately of any changes, (marital, employment, school etc.) I give permission to KDSB to share the information on this form and any attachments within the programs of KDSB, (Ontario Works and Social Housing) and with the Early Learning and Care Operators of the Kenora District.*

Signature Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature Integrated Services Worker: \_\_\_\_\_ Date: \_\_\_\_\_