

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 (circle)	Male Female	Male Female						
Marital Status (circle)	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 (dd/mm/yy)	Gender (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: _____