



**CHILD CARE SPACE AVAILABILITY FORM**

<b>Service Provider:</b>	
<b>Site Name:</b>	
<b>Parent/Guardian Name:</b>	

- \* Age Group: Infant, Toddler, Preschool, Kindergarten, School Age
- \* Days Enrolled: The days the child is enrolled to attend child care each week (i.e.: M, W, F or M to F)
- \* Care Type: Full Day, Half Day with or without lunch, Preschool before school, School Age before & after school, etc.

CHILD'S NAME	AGE GROUP (Infant, Toddler, Preschool, Kindergarten, School Age)	DAYS ENROLLED each week	CARE TYPE (Full Day, Half Day with or without lunch, Before School, After School, Before & After School)	Anticipated START DATE	ADSAB use only (approval info)

**NOTE: SHOULD THE CHILD ATTEND CHILD CARE PRIOR TO SUBSIDY APPROVAL, THE PARENT/GUARDIAN IS RESPONSIBLE FOR COSTS INCURRED IF IT IS DETERMINED THEY ARE NOT ELIGIBLE FOR CHILD CARE FEE SUBSIDY.**

<b>Service Provider Name/Signature:</b>	Emailed to <a href="mailto:cc-feesubsidy@adsab.on.ca">cc-feesubsidy@adsab.on.ca</a>
	Date:

ADSAB OFFICE USE	
<b>Child Care Fee Subsidy Application Results</b>	
<b>Daily Parental Contribution per child</b>	
<b>Effective Date</b>	
<b>Approved By</b>	