



Attention: Direct form to Intake Unit

Fee Assistance for Child Care - Application Form

Child Care Fee Assistance is a program that provides full or partial coverage of child care fees for low income families and children with special or social needs.

Please fill in all the fields that tell us about your family (* = required), **print off the form and either mail, drop off or email** to our office along with your most up to date Notice of Assessment (for both parents if applicable). Our staff will review your application within 1 business day after we receive your application. We will contact you if your family appears to qualify for fee assistance to let you know the status of your application. Please understand that this application does not automatically put your name on our waitlist for child care. A copy of your Notice of Assessment along with the application will complete the application.

Family Information

Parent/Guardian 1		Parent/Guardian 2		
First Name	*	First Name		
Last Name	*	Last Name		
Date of Birth (dd/mm/yyyy)	*	Date of Birth (dd/mm/yyyy)		
Household Status				
Child Custody Arrangement (if applicable)				
Family Address				
Street	*	Unit		
City/Town	*	Postal Code	*	
Daytime Telephone	*	Cellphone		
Email address:				
When is the best time for us to call you?	<input type="checkbox"/> Early Morning <input type="checkbox"/> Late Morning		<input type="checkbox"/> Early Afternoon <input type="checkbox"/> Late Afternoon	

Children (in need of child care)

Child 1		Child 2	
First Name	*	First Name	
Last Name	*	Last Name	
Date of Birth (dd/mm/yyyy)	*	Date of Birth (dd/mm/yyyy)	
Gender		Gender	
Child 3		Child 4	
First Name		First Name	
Last Name		Last Name	
Date of Birth (dd/mm/yyyy)		Date of Birth (dd/mm/yyyy)	
Gender		Gender	

If you need to add more children to this list, please add them to the comment section below.

Family Income

Parent/Guardian 1			
Place of Work or Education (if applicable)			
Source of Income	*	Hours of Work per Week	
What was your total income from your most recent income tax return (Notice of Assessment or Canadian Child Tax Benefit)			
From Line 236	* \$	Tax Year	*
Parent/Guardian 2			
Place of Work or Education (if applicable)			
Source of Income		Hours of Work per Week	
What was your total income from your most recent income tax return (Notice of Assessment or Canadian Child Tax Benefit)			
From Line 236	\$	Tax year	

Please tell us which child care program you have chosen for your child(ren).

[View the list of child care centres](#)

Child Care Centre:

Is your child care space confirmed?

What date do you need child care to start?

Comments (maximum 700 characters):

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Please fill in all the fields and save this to your computer. You can print off the form and either mail, drop off or attach your saved application and your latest Notice of Assessment to an email and send it to our office. Our staff will review your application within 1 business day of receiving the application.

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