



City of Peterborough

Children's Services

178 Charlotte Street; P.O. Box 4138
Peterborough, ON K9J 8S1
Phone: (705) 748-8830
Fax: (705) 748-8858

Social Services Division

Social/Special Needs Referral for Child Care Subsidy

To be completed by family requesting child care subsidy (please print)
Parent/Guardian 1 Name: Telephone:
Parent/Guardian 1 Date of Birth: Text only phone: Yes No
Address 1:
Parent/Guardian 2 Name: Telephone:
Parent/Guardian 2 Date of Birth: Text only phone: Yes No
Address 2 (if different):
Child's Name: Date of Birth:
Child's Name: Date of Birth:
Child's Name: Date of Birth:
Child's Name: Date of Birth:
I hereby consent to the release of information by \_\_\_\_\_ to an authorized
(referring agency)
representative of the Children's Services Program, for the City of Peterborough.
Effective this \_\_\_ day \_\_\_\_\_ of 20\_\_\_.
\*Applicant Signature Date

To be completed by referring physician or agency (please print)
Agency/Physician Name:
Address:
Phone: Ext.
Referrer's Name:
Signature
Date

Is care required due to the parent's need or the child's Need? Parent	Child
Please describe the need for child care as it pertains to the parent or child's special or social need. Why does this child require child care? (maximum 600 characters)	

Child Care Needs	
When is child care needed? Start:	End:
<input type="checkbox"/>	Part Time Care
<input type="checkbox"/>	Full Time Care
<input type="checkbox"/>	This is a Crisis/Emergency Referral
The number of days child care is provided/approved will be determined at first appointment.	

This information is collected under the legal authority of the Day Nurseries Act for the purpose of administering the services and programs prescribed or authorized under this act. Questions or complaints about this collection, use or disclosure should be addressed to the Manager of Children's Services, Social Services, City of Peterborough at 175 Charlotte St. P.O. Box 4138, Peterborough ON K9J8SJ at 705 748 8830. If this information is required in an accessible format, please contact 705 748 8830 ext.3226.

For Children's Services Office Use		
Consent to Obtain/Release Information signed?	Yes	No
Additional Comments Included?	Yes	No
Update Required by:		
Comments		
Signature:		Date: