



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

FEE SUBSIDY PARENT AGREEMENT

I, _____ in consideration of the City of Peterborough providing child care, in accordance with the Day Nurseries and or Ontario Works Act and/or provincial and municipal regulations there under, for my child(ren) _____ who is (are) enrolled at _____ and hereby agree to the following:

1. **I undertake and agree to notify the City of Peterborough's Children Services office, within 48 hours of the following changes: (as a new application might be required)**
 - Family Composition (additions/student/marital status of adults in the home)
 - Income (employment changes/job loss/reduced-increased hrs/hourly rate of pay)
 - Change of address of child's family

Failure to notify Children Services Office of any changes in your family composition, income, or hours of care required, may result in childcare overpayments. I understand that, in the event that I misrepresent my circumstances, my file would be subject to a Fraud Review and Police investigation.

2. I understand that fee assistance with _____ will be terminated upon irregular attendance of my child(ren) as determined by the Centre and the City of Peterborough's Children Services policies.

3. I hereby, release and forever discharge the City of Peterborough from all claims, costs, demands, damages, actions or courses of action, now or in the future, by the child care program for my child(ren) _____ and agree to save the City of Peterborough from and against any such claims, costs, demands, action, or courses of action.

Please see over

4. I consent to the obtaining and releasing of information on behalf of the benefit unit with the authorized representatives of

(Name of Agency)

and/or the City of Peterborough Social Services Division of any information in the possession of the above agency, for the purposes of exchanging information in order to verify my eligibility for Child Care Fee Assistance with respect to members of the family unit.

Date

Parent/Guardian's signature

Date

Witness

cc: Parent
Child Care Program