

Declaration of Informal Child Care

Applicant Name: _____

Child's Name: _____ Rate per hour: _____

Child's Name: _____ Rate per hour: _____

Child's Name: _____ Rate per hour: _____

Direct Deposit: Yes No

I understand that if, for any reason, my Ontario Works status is put on hold and/or terminated, my Informal Child Care funds cannot be provided during this same time period.

I have been informed that from the time of my initial assessment for Informal Child Care, my first payment may not be processed for a two-week period.

Informal Child Care Provider Information		
Name: _____		
Phone Number: _____		
Provider is 18 years of age (at minimum):	Yes	No
Is the provider in receipt of Ontario Works?	Yes	No
Comments:		

Declaration

I hereby declare the above information is true and correct to the best of my knowledge.

Applicant Signature

Witness

Date

Date

**Notice with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)**

The personal information on this form is collected under the legal authority of section 71(1) of the Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1 (the "Act") and section 9 of Ontario Regulation 138/15 under the Act. Personal information will be used by Social Services Division staff for the purpose of administering subsidized childcare in the City and County of Peterborough, as well as any other services and programs prescribed or authorized under this Act. For more information contact the Manager of Children's Services, or designate, at 178 Charlotte St, Peterborough, ON K9J 8S1 or by email at socialservices@peterborough.ca