Contact information

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| --- | --- | --- |
| First and last name: |  | |
| Address: |  | |
| Daytime telephone number: |  | Child care site / agency name: |
| Email: |  |
| My current or most recent position was:  RECE  Non-RECE  Supervisor  Home Provider | | |
| My current position is in the following age group:  Infant  Toddler  Preschool  Kindergarten  School age | | |

Reason for inquiry (Check the box that applies to you)

My inquiry is about hours worked in:  2021  2022  2023

My inquiry is about:  Wage Enhancement Funding  General Operating Grant

Licensed Home Child Care Base Funding  CWELCC

I do not agree with the amount I received from the Operator

I did not receive any funding from the Operator

Please outline the details of your inquiry, providing as much information as possible, including dates of employment, total hours worked, classroom and position.

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send completed form to:

Child Care Inquiries, Child Care Services at [childcarecontractinquiries@york.ca](mailto:childcarecontractinquiries@york.ca)