

First name Last name

Street number Street name

Unit number City/Town

Province Postal code

First and last names of child(ren) living with you at home	First and last names of child's other parent/guardian	Do you live with the parent/guardian of your child(ren)?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Other adults living in the home

Are you living with a common-law partner/spouse (such as a boyfriend or girlfriend)? Yes No

First and last names of common-law partner	Date started residing together (mm/dd/yy)

My child(ren) lives with me full-time Yes No **If no, please complete a Declaration and Undertaking (CCS 20)**

I undertake to advise my Children's Services Representative of any change which may have an impact on my eligibility for Child Care Fee Subsidy within 10 business days, as per the Child Care Fee Subsidy Agreement, Section 7, Requirement to Report Changes. **I solemnly declare that the information in this declaration is true.**

This day of , 20 .

Signature

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

Personal Information in this Consent is collected under the legal authority of the *Child Care and Early Years Act, 2014* for the purpose of verifying eligibility or continuing eligibility for Child Care Fee Assistance. For more information contact the Manager of Child Care Services, The Regional Municipality of York, 17150 Yonge Street, Newmarket, Ontario, L3Y 8V3, Tel: 1-877-464-9675 ext 76655.