

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)

 This information is collected under the legal authority of the *Family Benefits Act*, R.S.O. 1990, c.F.2, the *Ontario Works Act*, 1997, or the *Ontario Disability Support Program Act*, 1997 for the purpose of administering the Ontario Government social assistance programs.

Attached is a new child care receipt for reporting your monthly child care costs. Please attach and send with your Income Report each month.

- Note:**
1. The only child care costs to be claimed on this form are costs that are incurred as a result of the parent/guardian's employment and or participation in a paid training program.
 2. Child care expenses for children ages 13 and over are not to be claimed on this form (unless exceptional circumstances apply and are pre-approved.)
 3. If you have more than one child care provider, use a form for each provider.
 4. For **unlicensed care** - Use this form to report child care expenses.
 5. For **licensed care** - Complete the names and ages of children, sign this form and attach it to your official receipt.

Detach here. Complete and return the Receipt below to your local office with your monthly Income Report.

Child Care Receipt
 Licensed Child Care Unlicensed Child Care

Full name of Parent / Guardian		Telephone Number	
Full Name of Child Care Provider		Telephone Number	
Address of Child Care Provider			

Full Names of Children		Ages	
1.			
2.			
3.			
4.			
Total Payments for child care in the month of _____		Total hours of care _____	
		Total payment \$ _____	
I declare the information given here to be accurate and complete.			
Signature of Parent / Guardian	Date	Signature of Child Care Provider	Date