

S.M.I.L.E.S Daycare Application CHECK-LIST

- Completed registration application
- Copy of Birth Certificate
- Copy of personal health care card
- Copy of Status card
- Copy of immunization record

DAYCARE FEE: \$500.00 PER MONTH

Payment Options:

- **Cash**
If you pay for child care out of pocket. Payments for daycare fees will be accepted at the Front Office. Once payment is received, a receipt for the month paid will be issued
- **Child Care Subsidy**
If you are applying for child care subsidy, please see the checklist below

CHILD CARE SUBSIDY CHECKLIST (Information to be given at the time of registration)

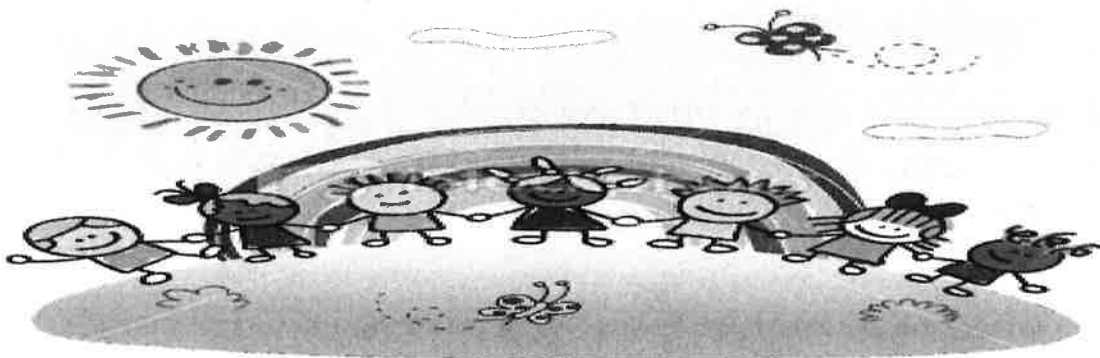
- COMPLETED "CHILD CARE ARRANGEMENT FORM"
- COMPLETED "AFFORDABLE CHILD CARE BENEFIT APPLICATION" FORM
- COPY OF IDENTIFICATION FOR ALL FAMILY MEMBERS
- CITIZENSHIP STATUS IN CANADA (BIRTH CERTIFICATE, STATUS CARD)
- PROOF OF FAMILY INCOME



S.M.I.L.E.S. DAYCARE REGISTRATION PACKAGE

P.O. Box 418
Hazelton, BC
VOJ 1Y0

Phone: 250-842-0216 Ext.37
Facsimile: 250-842-2219



SMILES DAYCARE Registration Form

2 ½ years 3 years 4 years

Morning (8:30am to 12) Afternoon (1pm-3pm) All Day (8:30-4:30)

Date of enrolment: _____ Date of Withdrawal: _____

Child's Legal Name: _____

Gender: Female Male Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Mother's Name: _____ Phone Number: _____

Address: _____ Work Number: _____

Father's Name: _____ Phone Number: _____

Address: _____ Work Number: _____

Provincial Health Care Number: _____

Status Non-Status Status Number (of applicable): _____

Clan: _____ Wilp: _____ Nation: _____

**PERSONS AUTHORIZED TO PICK UP MY CHILD(REN), Include parents/guardians
(ANY CHANGES MUST BE DONE IN WRITING TO THE CENTER)**

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
|------|--------------|--------------|

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
|------|--------------|--------------|

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
|------|--------------|--------------|

Background Information

Language(s) Spoken at Home: _____

If your child has been cared for by family members or others (eg. A neighbour), Please describe the Child's experience _____

If your child has had group play experience, please describe how often your child attended, how long and your child's experience _____

HEALTH & DEVELOPMENTAL HISTORY

Please provide information or a copy of child(ren)'s Immunization Record
Record of Immunizations as submitted by Parent/Guardian:

| PROTECTION FOR | DATES |
|---|-------|
| Diphtheria and Pertussis (Whooping Cough) and Tetanus | |
| Poliomyelitis (Polio) | |
| Smallpox | |
| Rubella | |
| Measles | |
| Mumps | |
| Meningitis (Influenza Type B) | |

Describe any difficulties or serious illnesses at birth, if any (Premature, etc)

Describe your child's general health (eg. Recurrent colds, ear infections, stomachaches, etc)

If your child is taking any medication, what is the medication for: _____

Has your child ever been to a Dentist YES NO

Does your child have any dental problems: _____

AFTERNOONS _____

EVENINGS _____

Describe how your child goes down for a nap (with or without a bottle, needs to be rocked, etc) _____

Describe your child's particular attachments (eg. Toy, blanket, pet, person, etc.) and any particular habits (eg. Thumb-sucking, rocking, etc) _____

Describe any particular fears your child has shown (eg. To animals, loud noises, strangers, etc) _____

Describe how your child reacts to stressful situations (eg. Cries, withdraws, has tantrums, nightmares) _____

How does your child usually react to new situations: _____

We would appreciate your views on guiding your child's behaviours and setting limits: _____

Is there anything else that you would like to tell us about your child to help us provide good care:) _____

Parent/Guardian Signature

Date Signed



The personal information collected on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Child Care Subsidy Act. The Freedom of Information and Protection of Privacy Act protects the personal information collected from unauthorized use and disclosure. If you have any questions about the collection, use or disclosure of this information, please call the Child Care Service Center at 1 888 338-6622 or inquire in writing to the address at the end of this form.

CASE ID (office use only)

The purpose of this form is to establish eligibility for Affordable Child Care Benefits and indicates the applicant's child care arrangement. A separate form is required for each child care provider.

The child care provider must complete sections 1-4, and sign. The form must then go to the applicant to complete sections 5-8 and submit to the Child Care Service Centre.

1. What is your name and contact information?

Form with fields for CHILD CARE PROVIDER'S OR LICENSEE'S NAME, DAYTIME PHONE, SECONDARY PHONE, FACILITY NAME, SUPPLIER NUMBER, LICENCE NUMBER, ADDRESS, CITY/TOWN, and POSTAL CODE.

2. What type of child care do you provide?

Check [X] the box that applies to you.

Form with checkboxes for Licensed Group child care, Licensed Family child care, Licensed Preschool, Registered licence-not-required [RLNR] child care, Licence-not-required [LNR] child care, and Child care is provided in the child's own home.

3. Child(ren) Name(s)

Form with fields for CHILD'S LAST NAME, FIRST, BIRTH DATE, Time of day child care is provided, Days/week, Monthly Fee, Daily Fee, and Full day rate for days of school closure.

| | | | | |
|--|------------------------|--|--------------------------|--|
| 3. CHILD'S LAST NAME | | FIRST | BIRTH DATE (YYYY/MMM/DD) | |
| Time of day child care is provided: From: _____ To: _____ | | Days/week: <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN | | <input type="checkbox"/> This child is school age (kindergarten and up). |
| Start Date (YYYY/MMM/DD) | End Date (YYYY/MMM/DD) | Monthly Fee**: \$ _____ | Daily Fee**: \$ _____ | Full day rate for days of school closure: \$ _____ |

**Monthly/Daily Fee is the parent's cost after Child Care Fee Reduction Initiative

4. The child care provider must sign and date this form in order for it to be accepted.

As the child care provider, I confirm I am required to notify the Child Care Service Centre immediately if there is a change to any information provided on this form or any subsequently provided information.

| | | |
|---|-----------|---------------------------|
| CHILD CARE PROVIDER'S OR LICENSEE'S NAME (please print) | SIGNATURE | DATE SIGNED (YYYY/MMM/DD) |
| Gitksan Wet'suwet'en Education Society | | |

The applicant must complete sections 5-8 and submit to the Child Care Service Centre.

5. What is your name?

| | | |
|-----------------------|-------|--------------|
| APPLICANT'S LAST NAME | FIRST | PHONE () |
| | | |

6. What is your reason for submitting this form?

Check the box that applies.

| | |
|--|---|
| Is this your first time applying for the Affordable Child Care Benefit? | <input type="checkbox"/> NO <input type="checkbox"/> YES — Submit an Application to the Child Care Service Centre |
| Is the child care provider listed on this form replacing a previous child care provider? | <input type="checkbox"/> NO <input type="checkbox"/> YES — Previous child care provider: _____ |
| Is the child care provider listed on this form in addition to an existing child care provider? | <input type="checkbox"/> NO <input type="checkbox"/> YES — Other child care provider: _____ |

Note: Child care service arrangements and agreements are between the parent and the child care provider. The ministry will not incur financial or other liability for any contractual disagreement between the parent and the child care provider. The ministry will only pay Affordable Child Care Benefit **after** eligibility has been determined and when a valid Benefit Plan is in place.

7. Declaration:

I confirm that the information provided in this Affordable Child Care Benefit Child Care Arrangement form is complete and accurate. I understand that I am required to immediately supply information to the Child Care Service Centre if there is a change to any information provided here or any subsequently provided information.

8. The applicant must sign and date this form in order for it to be accepted.

| | | |
|-----------------------|-------------------------|---------------------------|
| APPLICANT'S SIGNATURE | SOCIAL INSURANCE NUMBER | DATE SIGNED (YYYY/MMM/DD) |
| | | |

Once completed, please fax or mail to the Child Care Service Centre

Toll Free Fax 1877 544-0699
Toll Free Phone 1 888 338-6622

Mailing Address
Child Care Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3



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Case ID (office use only)

See 'About Affordable Child Care Benefit' and the 'Forms and Documents Checklist' at the end of this form for more information or visit gov.bc.ca/childcarebenefit

Changes to any of the information you provide must be reported to the Child Care Service Centre at 1-888-338-6622.

Section 1 - Family Members

A 'Family' is the applicant, spouse or partner, and dependent children living in the home.

Applicant

Form for Applicant information including Last Name, First Name, Middle Name, Gender, Date of Birth, Primary Phone Number, Secondary Phone Number, Social Insurance Number (SIN), and Marriage or Marriage-like Relationship Status.

Home Address

Form for Home Address including Unit #, Home Address, City/Town, Province, and Postal Code.

Mailing Address

Form for Mailing Address including Unit #, Mailing Address, City/Town, Province, and Postal Code.

Spouse

A person who resides with the parent in a married, or marriage-like relationship for at least 3 months who shares income and/or expenses and who has a social and familial relationship.

Form for Spouse information including Last Name, First Name, Middle Name, Gender, Date of Birth, and Social Insurance Number.

Dependent Children

The number of dependants living in your home affects your eligibility. List all dependant children under the age of 19 living in the home even if child care is not required for the child.

Form for Dependent Children information including Last Name, First Name, Middle Name, Gender, Date of Birth, and This person (check all that apply) with options for childcare, special needs, and ministry placement.

| | | | | | |
|---|--|-----------------------------|--|--|--|
| Last Name | | First Name | | Middle Name | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth (yyyy-mmm-dd) | | This person (check all that apply): <input type="checkbox"/> requires childcare. <input type="checkbox"/> is a child with designated special needs. <input type="checkbox"/> is a child living with you via a ministry placement. | |
| Last Name | | First Name | | Middle Name | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth (yyyy-mmm-dd) | | This person (check all that apply): <input type="checkbox"/> requires childcare. <input type="checkbox"/> is a child with designated special needs. <input type="checkbox"/> is a child living with you via a ministry placement. | |
| Last Name | | First Name | | Middle Name | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Date of Birth (yyyy-mmm-dd) | | This person (check all that apply): <input type="checkbox"/> requires childcare. <input type="checkbox"/> is a child with designated special needs. <input type="checkbox"/> is a child living with you via a ministry placement. | |

Do you share custody of any of these children? Yes No

If yes, please enter the details of the custody arrangement. Include the name of the child(ren), days and times they reside with you. (use section 4 on page 3 if you require more space)

Section 2 - Reason for Needing Child Care

To be eligible, you and your spouse need a reason for child care. Select your reason below. If eligible, the Affordable Child Care Benefit may be provided for the time doing this activity. You are responsible for any extra care if you choose to have care during other days or times. If the reason is medical, the amount of Child Care supported will be listed by your doctor on the Medical Condition Form. If you are referred by a Social Worker, the amount of time supported will be listed by the Social Worker on your Referral for Affordable Child Care Benefit Form. If your child attends a licensed preschool, only the time spent at the licensed preschool will be supported unless there is an additional reason for care.

Applicant

| | | | | |
|---|--|--|---|--|
| Do you have (check all that apply): | | | <input type="checkbox"/> a medical condition? | <input type="checkbox"/> a child in a licensed preschool? |
| Are you currently (check all that apply): | | | | |
| <input type="checkbox"/> employed | <input type="checkbox"/> self-employed | <input type="checkbox"/> attending an employment program | <input type="checkbox"/> attending school | <input type="checkbox"/> looking for work |
| Name of employer(s), school, training program, or state "looking for work" | | Start Date (yyyy-mmm-dd) | End Date (yyyy-mmm-dd) | |
| Days per week you do this activity on days when you also require child care (check all that apply) | | | | |
| <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun |
| If you have a set schedule, you usually: | | | If your schedule varies, you average: | |
| Start at: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM and End at: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM | | | hours per day: _____ days per week: _____ | |
| Additional Information (or attach a schedule) | | | | |

Spouse

| | | | | |
|--|--|--|---|---|
| Does your spouse have (check all that apply): | | | <input type="checkbox"/> a medical condition? | <input type="checkbox"/> a child in a licensed preschool? |
| Is your spouse currently (check all that apply): | | | | |
| <input type="checkbox"/> employed | <input type="checkbox"/> self-employed | <input type="checkbox"/> attending an employment program | <input type="checkbox"/> attending school | <input type="checkbox"/> looking for work |
| Name of employer(s), school, training program, or state "looking for work" | | Start Date (yyyy-mmm-dd) | End Date (yyyy-mmm-dd) | |

| | | | | | | |
|---|-------------------------------|------------------------------|------------------------------|---|------------------------------|------------------------------|
| Days per week you do this activity on days when you also require child care (check all that apply) | | | | | | |
| <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| If your spouse has a set schedule, they usually: | | | | If your spouse's schedule varies, they average: | | |
| Start at: <input type="checkbox"/> AM <input type="checkbox"/> PM and End at: <input type="checkbox"/> AM <input type="checkbox"/> PM | | | | hours per day: _____ days per week: _____ | | |
| Additional Information (or attach a schedule) | | | | | | |

Section 3 - Income

Eligibility for the Affordable Child Care Benefit is partially based on income. You will need to consent to having your income information disclosed by the Canada Revenue Agency (CRA). This consent is required even if you have not filed your tax return within the last two years. The Child Care Service Centre will use your most recent tax information, within the last two years, from CRA to assess your eligibility. Complete the Consent to Collect CRA Records (CF2930) form for you and your spouse (if applicable).

If you or your spouse (if applicable) have not filed a tax return with CRA within the last two years, or if you are applying for an Income Review, you must also complete the Income Declaration (CF2933) form.

Section 4 - Comments

Please provide any additional information you would like us to know about.

Section 5 - Declaration and Consent

| | | |
|---|--|---------------------------|
| Applicant: | | |
| <ul style="list-style-type: none"> • I confirm the information I have supplied is true and complete. • I understand I am required to promptly supply information to the Child Care Services Centre if there is a change in my or my family's circumstances affecting my eligibility for the benefit • I understand it is an offence under the Child Care Subsidy Act to supply false or misleading information. • I understand a benefit may be paid from the first day of the month in which the application is completed, or the date child care begins, whichever is later. I am responsible for child care fees prior to this date. • I consent to the verification of information provided regarding this application, or any subsequently provided information. • I authorize third parties to disclose personal information about me to verify information I have supplied and that the minister needs for the purposes of determining or auditing my eligibility for the benefit as set out in section 5 of the Child Care Subsidy Act. • I consent to the indirect collection by the Child Care Service Centre of verifying information disclosed to it by third parties for the purpose of determining or auditing my eligibility for the Affordable Child Care Benefit. | | |
| Consent to share information | | |
| As the applicant, do you consent to the disclosure of information to your spouse, as identified on this form, relating to this application or your eligibility for Affordable Child Care Benefit by the Child Care Service Centre? | | |
| <input type="checkbox"/> Yes. Share information with my spouse. If I wish to withdraw this consent, I may do so at any time by writing to the Child Care Service Centre. | <input type="checkbox"/> No. Do not share any information about this application or my eligibility with my spouse and remove any previous consent to share. | |
| This application is not valid until it has been signed and dated | | |
| Applicant's Name (please print) | Applicant's Signature | Date Signed (yyyy-mmm-dd) |
| | | |

Spouse or Partner

- I confirm the information I have supplied is true and complete. I understand it is an offence under the Child Care Subsidy Act to supply false or misleading information.
- I consent to the indirect collection by the Child Care Service Centre of verifying information disclosed to it by third parties for the purpose of determining or auditing my eligibility for the Affordable Child Care Benefit. I authorize third parties to disclose personal information about me to verify information I have supplied and that the minister needs for the purposes of determining or auditing eligibility for the benefit as set out in section 5 of the Child Care Subsidy Act.

Spouse's Name (please print)

Spouse's Signature

Date Signed (yyyy-mm-dd)

Submit your Completed Application and Supporting Documents

Fax or mail your completed application and supporting document copies to the Child Care Service Centre. Keep a copy for your records.

If you are faxing your application, please print your name on the top of every page.

Toll Free Fax: 1-877-544-0699

Mailing Address: Child Care Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3

For more information, call the Child Care Service Centre toll free at 1-888-338-6622.



About Affordable Child Care Benefit

What is the Affordable Child Care Benefit?

The Affordable Child Care Benefit is a monthly benefit to help families with the cost of child care. The amount depends on your family's size, ages of the children, family income, and type of child care.

Who can apply?

Parents or guardians who are B.C. residents and Canadian citizens (including permanent residents or convention refugees) can apply. If you have an eligible reason for needing child care, and you fall below or within the income range, you may be eligible for a full or partial benefit.

How Does the Affordable Child Care Benefit Work?

Step 1 Find a child care provider and complete the Child Care Arrangement Form

Step 2 Complete your Application and gather your supporting documents

Applicants are asked to submit supporting documents with their application. The list on the next page will help you know what to submit.

Step 3 Submit your Application

Avoid delays by submitting all of your supporting documents with your Affordable Child Care Benefit Application. Fax or mail to the Child Care Service Centre.

Step 4 Your child care provider submits a claim for payment

If you are eligible, you and your child care provider will receive a Benefit Plan that outlines the amount of your monthly benefit, the start and end date of monthly benefit payments, and a list of all children in your family receiving a benefit for child care.

Step 5 When your Benefit Plan Ends

The Child Care Service Centre will send you a reminder letter when your Benefit Plan ends. To avoid delays, keep track of the Benefit Plan end date and ensure your address is current. You will need to provide updated information to ensure continued eligibility.

What happens if you are not eligible for the Affordable Child Care Benefit?

A letter will be sent to you telling you the reason(s) why you are not eligible.

If you don't agree with the decision, you may ask for a reconsideration.

Eligible reasons for needing child care

- working or self-employed
- attending school or enrolled in distance education
- enrolled in an employment program
- looking for work (only 1 parent at a time)
- a medical condition
- a child attending a licensed preschool
- a referral by a Ministry or Delegated Aboriginal Agency social worker

Contact Us

Child Care Service Centre

Toll Free: 1-888-338-6622

Fax: 1-877-544-0699

Translation services

Call the Child Care Service Centre and ask for a translator. Translation services are available in over 150 languages.

Need Help?

Child Care Resource and Referral (CCRR)

For help finding a child care provider in your area or with your application, visit www.crrr.bc.ca to locate your local office.

Forms

Available on the Website or at your local CCRR office.

Website

gov.bc.ca/childcarebenefit



Forms and Documents Checklist

Which Supporting Documents are Required with my Application?

Forms are available at gov.bc.ca/childcarebenefit

Child Care Arrangement Form (CF2798)

You and your Child Care Provider must complete this form. A separate form is required for each child care provider.

Identification for all Family Members

A copy of government-issued identification (birth certificate, Canadian Citizenship Card, passport, driver's license, provincial identification, BC Services Card, Certificate of Indian Status Card).

Citizenship Status in Canada for Applicant

A copy of any formal document issued by Citizenship and Immigration Canada that confirms your status in Canada.

Special Needs Form (CF2951) for children designated as special needs

Proof of Reason for Needing Child Care

| Reason for needing child care | Documents required to support your proof of reason |
|-------------------------------|---|
| Education | Student loan notice of assessment or school registration and class schedule |
| Looking for work | Keep track of looking for work activities (CF2910) |
| Employment Program or SPEI | Copies of registration in employment program or SPEI Action Plan |
| Medical Condition | Medical Condition Form (CF2914) |
| Social Worker Referral | Referral to Affordable Child Care Benefit (CF2044) from Social Worker |
| Child attending preschool | Child Care Arrangement Form (CF2798) |

Proof of Family Income

The Consent to Collect CRA Records (CF2930) form is required for you and your spouse (if applicable) even if you have not filed your tax return within the last two years.

Use the Income Declaration (CF2933) form to declare your or your spouse's income if either of you have not filed a tax return with CRA within the last two years, or if you are applying/have applied for an Income Review.

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This form is required for the applicant and spouse (if applicable) to consent to collect CRA income records for the purpose of assessing eligibility for the Affordable Child Care Benefit.

I hereby consent to the disclosure of information from my income tax records, and other taxpayer information, by the Canada Revenue Agency to an official of the Ministry of Education and Child Care. The information disclosed will be relevant to, and used solely for the purpose of, determining and verifying my eligibility for child care subsidy and for determining the amount of my benefit under the Affordable Child Care Benefit under the *Child Care Subsidy Act*. The information disclosed by the Canada Revenue Agency to the Ministry of Education and Child Care will be protected from unauthorized use or disclosure and will only be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*.

I also permit the Ministry of Education and Child Care to collect information from my income tax records, and other income tax information, from the Canada Revenue Agency, instead of directly from me.

I also consent to the disclosure of my first and last name, birth date and Social Insurance Number by the Ministry of Education and Child Care to the Canada Revenue Agency. This information will be used by the Canada Revenue Agency to identify the taxpayer information to be disclosed to the Ministry of Education and Child Care.

I further permit the Ministry of Education and Child Care to display my income tax information from the Canada Revenue Agency on my assessment letter, and if registered for My Family Services, on the electronic online portal, for the purpose of describing how financial eligibility was calculated.

This consent permits the Canada Revenue Agency to disclose information from my tax records and other taxpayer information from the two most recent taxation years prior to the year of signature of this consent, the year of the signature, and each subsequent consecutive taxation year for which benefit is requested by me or on my behalf. It may be revoked at any time by sending a notice to the Director of the Child Care Service Centre. The statement of consent and any subsequent revocation can be provided in paper or electronic format.

| | |
|---------------------------|---------------------------|
| Applicant Full Legal Name | Social Insurance Number |
| Applicant Signature | Date Signed (yyyy-mmm-dd) |

| | |
|------------------------|---------------------------|
| Spouse Full Legal Name | Social Insurance Number |
| Spouse Signature | Date Signed (yyyy-mmm-dd) |

Once completed, please fax or mail to the Child Care Service Centre

Toll Free Fax 1-877-544-0699
Toll Free Phone 1-888-338-6622

Mailing Address
Child Care Service Centre
PO Box 9953 Stn Prov Govt
Victoria BC V8W 9R3

