Child Care Provider Form

This form *must* be submitted with the Métis Child Care Benefit Application form

The Child Care Provider must complete sections 1-3 and provide signature.
The form must then go to the 'Applicant' (Parent/Legal Guardian) to complete section 4, and submit to the Métis Child Care Benefit Program

Section 1

CHILD CARE PROVIDER INFORMATION		
Child Care Program Name:	**Licensee Name:**	**Supervisor/Manager:**
Primary Phone:	**Email:**	**License #:**
Address (Include unit number and street names):	**City:**	**Postal Code:**
Mailing Address (If different from above):	**City:**	**Postal Code:**
Required Care: Check all that apply. ☐ Part Time ☐ Full Time ☐ Weekends/Evenings ☐ School Pro-D Days/Holidays	**Type of Childcare:** ☐ Licensed Group ☐ Licensed Family ☐ Registered License Not Required ☐ Licensed Preschool	**Fee for Services:** **Per Day:** **Per Month:** **School closure Full day:** **After CCRFI fees deducted:**

Section 2

CHILD INFORMATION		
Child's First Name:	**Child's Last Name:**	**Child's D.O.B. (mm/dd/yyyy)**

Section 3

THE CHILD CARE PROVIDER *MUST* SIGN AND DATE THIS FORM FOR IT TO BE ACCEPTED		
As the Child Care Provider, I confirm that I am required to inform the Métis Child Care Benefit Program of any changes to the information provided on this form.		
Child Care Provider Name:	**Signature:**	**Date: (mm/dd/yyyy)**

Section 4

APPLICANT INFORMATION		
Parent/Legal Guardian First Name:	**Parent/Legal Guardian Last Name:**	
Contact Phone Number:	**Contact Email:**	
I confirm that the information provided in this Child Care Provider form is complete and accurate. I confirm that I am required to inform the Métis Child Care Benefit Program of any changes to the information provided on this form.		
Parent/Legal Guardian Name:	**Parent/Legal Guardian Signature:**	**Date: (mm/dd/yyyy)**