|  |
| --- |
| 1. **Complete this section if self employed**
 |
|

|  |  |  |
| --- | --- | --- |
| I,  |       | declare that I am a self employed |
|  | (Print Name) |  |
| individual effective (dd/mm/yyyy)  |       | . I further declare that I work |
|  |
| the following days, hours per day and months out of the year as indicated below: |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Days worked** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| ***# of hours worked per day*** |       |       |       |       |       |       |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Months worked *(indicate with an “X”)*** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
|       |       |       |       |       |       |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| I am under contract | [ ]  Yes  | [ ]  No  |

|  |  |  |
| --- | --- | --- |
| If “yes”, please specify: | Contract start date Click or tap to enter a date. | End Date Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| My Business is incorporated | [ ]  Yes  | [ ]  No  |
|  |  |  |
| I have a business registration and/or license | [ ]  Yes  | [ ]  No  |

|  |  |  |
| --- | --- | --- |
| **Nature of Business** |  |  |
| [ ]  Caretaker  | [ ]  Consultant | [ ]  Practitioner of Medicine/Dentist |
| [ ]  Hairdresser/Esthetician | [ ]  Truck driver | [ ]  Vendor and/or Kiosk owner |
| [ ]  Performing Arts/Musician | [ ]  Courier and/or Mover | [ ]  Contractor/Tradesperson |
| [ ]  Taxi and/or Limousine Driver | [ ]  Other, please specify |

 |

|  |
| --- |
| 1. **Complete this section if no longer self employed**
 |
|  |
| I,  |       | declare that I am no longer a self employed |
|  |  (Print Name) |  |
| individual effective (dd/mm/yyyy)  |       | . |
|  |
| Verification Form RC145 (Request to Close Business Number) attached. |
|  |
| [ ]  Yes [ ]  No  |
|  |

|  |
| --- |
| I certify that the above information is true and no information required to be given has been withheld  |
|  |
| or omitted. |
|  |
| I understand that I must report any changes in my employment activity to Children’s Services when |
|  |
| they occur. I further understand that failure to report such changes could result in the termination |
|  |
| of my child care fee assistance and/or recovery of child care fees paid on my behalf. |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature |  | Date |  |
|  |  |
| Children’s Services Workers Signature |  | Date |  |

|  |
| --- |
| **Notice with Respect to the Collection of Personal Information** |
| This information is being collected pursuant to the Child Care and Early Years Act, 2014 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56. This information will be used to determine and verify initial & ongoing eligibility for Child Care Fee Subsidy and to administer the delivery of child care fee subsidy by Regional Municipality of Peel. Any questions regarding this collection may be directed to Supervisor, Early Years and Child Care Services, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail or telephone at 905-791-1585. |

|  |
| --- |
| Region of Peel – Human Services |
|  |
| Early Years & Child Care Services - Child Care Fee Subsidy |
|  |
| [ ]  | 7120 Hurontario Street  | [ ]  | 10 Peel Center Dr |
|  |  |  |  |
|  | PO Box 3600 RPO Streetsville |  | Suite B PO Box 2136 Stn B |
|  |  |  |  |
|  | Mississauga, ON L5M OT3 |  | Brampton, ON L6T 0E3  |
|  |  |  |  |
|  | Fax: 905-450-5757 |  | Fax: 905-861-9079 |