

**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 \$ _____	
<b>I declare the information given here to be accurate and complete.</b>	
Signature of Parent / Guardian	Date
Signature of Child Care Provider	Date