



Department of Education and Early Childhood Development
Authorization of Financial Delegate for Child Care Centres

Please complete this form to authorize a financial delegate to verify documents on your behalf.

Regulated Child Care Service Operating Name: _____

Regulated Child Care Service Physical Location: _____

Financial Delegate

☐ I do not wish to authorize a financial delegate to verify documents on my behalf. I the licensee will retain sole legal and financial responsibility for all information submitted.

☐ I authorize the below named financial delegate to verify forms associated with the identified programs on my behalf. I understand that I retain legal and financial responsibility for the information so verified.

Name of Delegate (please print legibly)

Date

Signature of Delegate

Name of Witness (please print legibly)

Date

Signature of Witness

Licensee

| Program | Licensee Initials |
|------------------------------------------|-------------------|
| Early Learning and Child Care Supplement | |
| Child Care Subsidy | |
| Equipment Grant | |
| Operating Grant Program | |
| Inclusion Program | |

Name of Licensee (please print legibly)

Date

Signature of Licensee

Name of Witness (please print legibly)

Date

Signature of Witness