

**AMENDMENT FORM
FAMILY CHILD CARE OPERATING GRANT PROGRAM**

Section A – Centre Information

Family Home Name:	Name on Approval Certificate:
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Check one or more of the options below to identify the information being changed – complete all corresponding section(s)

- | | |
|--|--|
| <input type="checkbox"/> Increase in Enrollment | <input type="checkbox"/> Meals / Snack Exemption |
| <input type="checkbox"/> Decrease in Enrollment | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Increase/Decrease in Operational Days | <input type="checkbox"/> Other |

What date did these changes come into effect? (YYYY-MM-DD):

**Section B – Change in Enrollment
(Please attach varied license/approval)**

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| Date of Change: | |
| Number of Spaces Changed: | |
| Age Range: | |

Section C – Change in Operational Days

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease |
| Change in Quarter: | |
| Change in Year: | |

Section D – Change in Meals / Snacks Provided

- | | | | | |
|------------------------------------|-----------------------------------|--------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> AM Snack | <input type="checkbox"/> Lunch | <input type="checkbox"/> PM Snack | <input type="checkbox"/> Dinner |
|------------------------------------|-----------------------------------|--------------------------------|-----------------------------------|---------------------------------|

Section E – Applying for Enhanced Rate

*** Documents must be prepared by 3rd party with financial designation ***

Income (identify any sources of income change/amounts)	
<input type="checkbox"/> T2125	<input type="checkbox"/> Financial Statements**
<input type="checkbox"/> Letter of Attestation of Expenses*	
*Includes other government grants (ie. Inclusion) *Other income (ie. government grants) deducted	**Must include clear dates **Must include Covering Period

Section F – Change in Operational Days (ie. Full Day School Closures , COVID)

- | | |
|---|--------|
| <input type="checkbox"/> Adverse Weather Closures | Dates: |
| <input type="checkbox"/> Public Health Closures | Dates: |
| <input type="checkbox"/> Other | Dates: |

Please provide more detail regarding closures:

Section G – Other

Please indicate your change in circumstance:

Section J -- Declaration

I confirm the information given in this form is, to the best of my knowledge and ability, complete, true and correct.

Applicant: _____

Signature: _____

Date: _____

PRIVACY NOTICE

The Information collected on this form is collected under the authority of the Child Care Act and the Access to Information and Protection of Privacy Act (ATIPPA) and is used solely for the purpose of administrative/operation of regulated child care program and services provided by the Department of Education. This information is kept confidential and held securely as required by ATIPPA. If you have any questions about the collection or use of this information, please contact the Information Management Division of the Department of Education at (709)729-6281.