

# **Operating Grant Program Parent/Guardian Declaration**

# **Section A - Child Care Service Information**

Child Care Service Name	
Physical Street Address	
City/Town	

# Section B - Family Information (A different form must be completed for each service in which a child attends)

Child's Full Name <sup>1</sup>	Child Care Service Fee (cost per day or other)	Age of child in Years and Months (e.g., 6y,9m)	Type of Space (Full-time/Par- Time/After School or Before & After School)	# days/month child's space/service was closed & alternate care was required	Reason for closure, as stated by the service. Additional information can be added in the section below
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<sup>1</sup>Where children are in the custody of CSSD, a representative from that Department must complete this form.

Additional Information
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### Section C - Parent/Guardian Signature

I,, am the lega	l parent/guardian of the listed	
children who is/are registered to attend the child care service identifie	ed above. I confirm that the	
table above accurately reflects my child care costs and space/service	closures. I understand that	
not providing the information requested on this form may result in a fraudulent overpayment to the		
service. I attest that the information provided is, to the best of my knowledge and ability, complete,		
true and correct.		
Parent/Guardian Name:(Please Print)		
Parent/Guardian Signature: [	Date:	

#### Section D - Information for Submission

This form may be completed and signed online and submitted electronically (preferred); or printed, signed and submitted (by mail or in person) to the regional office in your area as indicated below:

#### Metro

Operating Grant Program 3rd Floor, West Block Confederation Building P. O. Box 8700 St. John's, NL A1B 4J6 Fax: 1-709-729-1400

metroogp@gov.nl.ca

#### **Central East**

Operating Grant Program 2nd floor Provincial Building 3 Cromer Avenue Grand Falls – Windsor NL A2A 1W9

Fax: 1-709-292-4179 centraleastogp@gov.nl.ca

## Western and Labrador

Operating Grant Programs 133 Riverside Drive Corner Brook NL A2H 6J8

Fax: 1-709-637-8016 westernogp@gov.nl.ca labradorogp@gov.nl.ca

# For more information on the Operating Grant Program please visit:

Operating Grant Program - Education (gov.nl.ca)

#### **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 purposes of administration the Operating Grant Program and Early Childhood Educator Wage Grid provided by the Early Learning and Child Development Division. 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 709-729-7425.

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