

## 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/Part-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

*<sup>1</sup>Where children are in the custody of CSSD, a representative from that Department must complete this form.*

Additional Information

## Section C – Parent/Guardian Signature

I, \_\_\_\_\_, am the legal parent/guardian of the listed  
Name of Parent/Guardian  
children who is/are registered to attend the child care service identified 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: \_\_\_\_\_

YYYY/MM/DD

## 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](mailto: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](mailto: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](mailto:westernogp@gov.nl.ca)  
[labradorogp@gov.nl.ca](mailto:labradorogp@gov.nl.ca)

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

[Operating Grant Program - Education \(gov.nl.ca\)](http://gov.nl.ca/education/ogp)

## 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.