Emploi Québec

Confirmation of day care expenses

Name and address of parent

Local employment center

Name of officer | Sector

Telephone | Extension | Fax

File number (CP-12)

Parent's autorisation

I hereby authorize Emploi-Québec and the day care service to disclose any information required to confirm day care fees and services.

Date | Parent's signature

TO THE ATTENTION OF THE PERSON IN CHARGE OF THE DAY CARE SERVICE

To complete our file, we need to know the amount of the day care expenses payable by the above-indicated parent for his or her child(ren). We therefore ask you to fill in the appropriate section of the form, in block letters, and to return it to parent in question. This form does not constitute a financial commitment by Emploi-Québec.

IDENTIFICATION OF DAY CARE SERVICE

1. *DAY CARE SERVICE holding a permit issued by the Ministère de la Famille et des Aînés*

Name of day care service:

Address:

Name of day care manager: | Telephone:

Name of dependent child	*Age*	*Entry date* Y M D	*Types of services* (1)	*Types of places* (2)	*Attendance per week (number)* 1/2 days	Full days		*Daily cost*		*Weekly cost*
							X		=	
							X		=	
							X		=	

(1) ***Types of services :***
- ***CCC*** *Child care centre (in facility or in a home environment)*
- ***DCC*** *Day care centre*

Total weekly day care expenses =

(2) ***Types of places :***
- ***RD*** *Reduced contribution*
- ***FR*** *Exempted from payment (free)*
- ***RC*** *Regular charge*

Comments of person in charge of day care service:

Date | Signature of the manager

2. *DAY CARE SERVICE not holding a permit issued by the Ministère de la Famille et des Aînés*

Name of child care giver, of day care service or of school:

Address:

Name of person in charge: | Telephone:

Name of dependent child	*Age*	*Entry date* Y M D	*Types of services* (3)	*Attendance per week (number)* Under 4 h (1/2 days)	4 h or more (Full days)		*Daily cost*		*Weekly cost*
						X		=	
						X		=	
						X		=	

(1) ***Types of services :***
- ***CC*** *Child care giver*
- ***SD*** *School day care*
- ***SL*** *School lunch supervision*
- ***OS*** *Other type of service (please specify):*

Total weekly day care expenses =

Total registration fees *(if any)* =

Comments of person in charge of day care service:

Date | Signature of person in charge of day care service

SECTION TO BE COMPLETED BY EMPLOI-QUÉBEC

Imprimer le formulaire