

CCPTSBP Childcare Application Form

Student Information:

Social Insurance Number Student number Institution Program

First name Last name Area code and telephone number

Address (number and street) Apartment City, town, or post office Province Postal code

Marital status Have you and/or your partner (if applicable) applied for or received subsidized childcare?

 Sole-Support parent Yes

 Married or in a common-law No
 or same-sex relationship

Spouse Information (if applicable):

Spouse's first name Spouse's last name Spouse's Social Insurance Number

Spouse's status If Full-time student indicate institution spouse is attending

 Employed Other Full-time student

Children and Childcare Costs

List all dependent children 11 years of age and younger for whom you have childcare costs. For each child, indicate the period that the childcare is provided, the number of hours of childcare that are provided per week, and the cost of the childcare per week. If the number of hours of childcare per week changes throughout your study period, list the child again with the different period, hours, and cost. Childcare costs will be considered only for the time your children are receiving childcare while you are in school and the time it takes you to travel directly between your school and the childcare provider's location.

First and last name of child	Age of Child	Period of childcare From Day/Month/Year	Period of childcare from Day/Month/Year	# of hours of childcare per week	Cost of childcare per week \$

Declarations and Signatures

I will use this bursary to pay the childcare costs directly related to my studies. I do not receive childcare funding from any source. I understand that I will be restricted from applying for CCPTSBP if the information is found to be inaccurate for any reason and/or if there are changes to my academic, financial, family, or study-period status. I consent to the use of any information previously collected to administer my Centennial College PT Special Bursary Program application to be used for the administration of the Childcare Bursary. I also agree that such use is consistent with the purpose for which the information was originally collected. I agree that the information that I provided on this form is complete and true. I understand that it is a criminal offense to give false information.

Student's signature* Date

I have not applied for or received childcare funding from any postsecondary institution or from any government agency during the study period covered by this application. I agree that the information that I provided on this form is complete and true. I understand that it is a criminal offense to give false information.

Spouse's signature* Date

*This serves as (your official) signature.

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Childcare Provider(s) (to be completed by the agency or individual provider):

If more than two providers, attach a letter with the other provider's name, address, Social Insurance Number, signature and date.

Name of agency/Individual Provider Address/Contact Number Signature*

Date Social Insurance Number

Name of agency/Individual Provider Address/Contact Number

Social Insurance Number Signature* Date

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*This serves as (your official) signature.