



REQUEST FOR INCREASE IN THE MAXIMUM SICK/ABSENT AWAY DAYS FOR A CHILD

APPLICANT INFORMATION

Name			
Address			Unit:
City		Postal Code	
Phone Number			

CHILD INFORMATION

Child's Full Name:		Date of Birth:(dd/mm/yy):	
Child Care Provider			

Please describe the reason additional sick/absent away days are required	
THIS IS EXPECTED TO BE FOR THIS YEAR ONLY	THIS IS AN ONGOING CONDITION

Completed by:		Daytime Phone :		Date:	
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SUBMIT COMPLETED FORM ONE OF THE FOLLOWING METHODS:		
In Person: The Lister Block 28 James St. North, 6th Floor Hamilton, ON L8R 2K1	By Mail: Child Care Services Management Lister Block, 6th Floor P.O. BOX 2040 Hamilton, ON L8P 4Y5	By Fax: 905-546-3064 By Email: childcare@hamilton.ca ATTN: Subsidy Eligibility Worker _____

FOR OFFICE USE ONLY

Date Received:		Reviewed By:	
Denied	Approved	_____ Days added to entitlement for the year _____	Input

Signature: _____ Date: _____