



Hamilton

Community & Emergency Services Department
Children's and Home Management Division

Child Care Fee Subsidy Program

PHYSICAL ADDRESS: Lister Block, 28 James St. N., 6th Floor
Hamilton, Ontario L8R 2K1

MAILING ADDRESS: Lister Block, 6th Floor, PO Box 2040
Hamilton, Ontario L8P 4Y5

Phone: 905-546-4870

Fax: 905-546-3064

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

APPLICANT INFORMATION

Name			
Address			Unit:
City		Postal Code	
Phone Number		Other Phone Number	

CHILD INFORMATION

First Name	Last Name	Date of Birth (dd/mm/yy)
Child Care Provider		

Please describe the reason additional sick/absent away days are required

<input type="checkbox"/> THIS IS EXPECTED TO BE FOR THIS YEAR ONLY	<input type="checkbox"/> THIS IS AN ONGOING CONDITION

This form was 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 ATTN: Subsidy Eligibility Worker
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FOR OFFICE USE ONLY

Date Received:	Reviewed By:
Denied <input type="radio"/>	Approved <input type="radio"/>
_____ Days added to entitlement for the year _____	
Input <input type="radio"/>	