



# CHILD CARE PROVIDER VERIFICATION

If you have any questions regarding this form, please contact our local Client Services Officer.  
ALL INFORMATION MUST BE COMPLETE IN ORDER TO AVOID DELAYS.

## CHILD CARE PROVIDER INFORMATION

Name of Facility/Operator:		Telephone No. ( )	
Address	City/Community	Postal Code	
Physical Address			
<input type="radio"/> Licensed or <input type="radio"/> Unlicensed - SIN#:		Start Date of Care:	
Parent's Name			

## CHILD'S INFORMATION

Name of Child	DOB: (y/m/d)	From: (y/m/d)	To: (y/m/d)	Hours of Care (i.e 8 am - 5 pm)	Cost Per Child
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$

## COMMENTS


## DECLARATION

This is true and accurate information pertaining to the cost and the daycare services provided for the above.

\_\_\_\_\_  
 Signature of Child Care Provider | Date - y/m/d

This information is being collected under the authority of the *Access to Information and Protection of Privacy (ATIPP) Act*, Section 41.1(1)(g) and the *Northwest Territories (NT) Social Assistance Act and Regulations*. The privacy provisions of the *ATIPP Act* protect my information, and all applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about this collection of information, contact the Department of Education, Culture and Employment, box 1320, Yellowknife, NT, X1A 2L9 or call 1-866-973-7252 or 867-920-8921.