



**County of Simcoe**  
**Social and Community Services**  
 Children & Community Services  
 Department  
 1110 Highway 26,  
 Midhurst, Ontario L9X 1N6  
 Main Line (705) 722-3132  
 Beeton Area (905) 729-4514  
 Fax (705) 725-9539  
 simcoe.ca

**Comté de Simcoe**  
**Services sociaux**  
**et communautaires**  
 Services à l'enfance  
 et à la communauté  
 1110, autoroute 26,  
 Midhurst, Ontario L9X 1N6  
 Ligne principale (705) 722-3132  
 Région de Beeton: (905) 729-4514  
 Télécopieur: (705) 725-9539



## Child Care Fee Subsidy - Declaration of Family Information

First Name				Last Name			
Unit #		Street #		Street Name			
City				Postal Code			

All children who reside with you:

	Child 1	Child 2	Child 3	Child 4
Child name				
Other parent	<input type="checkbox"/> Known <input type="checkbox"/> Unknown <input type="checkbox"/> Deceased <input type="checkbox"/> Donor <input type="checkbox"/> Other	<input type="checkbox"/> Known <input type="checkbox"/> Unknown <input type="checkbox"/> Deceased <input type="checkbox"/> Donor <input type="checkbox"/> Other	<input type="checkbox"/> Known <input type="checkbox"/> Unknown <input type="checkbox"/> Deceased <input type="checkbox"/> Donor <input type="checkbox"/> Other	<input type="checkbox"/> Known <input type="checkbox"/> Unknown <input type="checkbox"/> Deceased <input type="checkbox"/> Donor <input type="checkbox"/> Other
My relationship with the other parent	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of separation				
Last shared residence at time of separation (for each child)				
Name of other parent				
DOB of other parent				
Address of other parent				
Employer of other parent				

Employer address of other parent				
Visitation Schedule? Please provide details				

All adults living at the current address

Name	Relationship	Date Moved in

**Declaration**

My child(ren) live(s) with me full-time     Yes     No

I will advise my Children Services Representative of any change which may have an impact on my eligibility for Child Care Fee Subsidy within 24 hours, as per the Child Care Fee Subsidy Parent Policy Agreement.

I solemnly declare that the information in this declaration is true.

Date

Signature

\_\_\_\_\_

\_\_\_\_\_

**NOTICE WITH RESPECT TO THE COLLECTION OF PERSONAL INFORMATION**  
(Municipal Freedom of Information and Protection of Privacy Act)  
This information is collected under the legal authority of the CCEYA2014  
for the purpose of administering Children's Services fee subsidy  
If you have any questions concerning the collection of this information, please contact:  
The Corporation of the County of Simcoe,  
Children and Community Services Department  
Administration Centre  
MIDHURST, ON  
L9X 1N6  
(705) 722-3132 ext. 1164