SAMPLE

 Please include your Agency’s letterhead

**Parent Acknowledgment of 2019 Child Care Fee Reduction**

(insert date)

Dear Parent,

The Region of Peel is extending the child care fee reduction initiative until 2019 funding information is received from the Government of Ontario. As a result, (Insert name of agency) will continue to provide parents/guardians of eligible children with a reimbursement of a portion of child care fees paid at the beginning of each month.

Until further notice, parents/guardians of children born on or after January 1, 2015 that pay for the full cost of care are eligible for a reimbursement equivalent to:

* $12/day for children who attend full-day care programs (for 6 hours or more per day).
* $6/day for children who attend part-day care programs (for less than 6 hours per day).

Please see our fee schedule posted on the parent information board for further details.

The Region of Peel has communicated that an update on the continuity of the child care fee reduction initiative will be provided in the spring of 2019. For updates on the status of this program, please check out:

* Our parent information board
* The Region of Peel website: [www.peelregion.ca/children/reduced-children-fees/](http://www.peelregion.ca/children/reduced-children-fees/)

**Note:** If this funding is discontinued or reduced, parents will resume paying the full cost of child care set out by (Insert name of agency) on the 2019 fee schedule communicated to parents.

Any questions regarding the rate reduction, and how the refund was calculated should be directed to: <*insert contact name and info of supervisor or owner of the Agency>*.

Sincerely,

<<signature>>

<<Name, title, contact info>>



(The template below is a customizable tool to assist child care agencies meet their GOF requirements. Agencies are solely responsible for ensuring compliance with their governing privacy legislation).

**PARENT ACKNOWLEDGMENT\***

(To be kept by the agency)

|  |  |
| --- | --- |
| Parent Name |  |
| Child(ren) Name |  |
| Phone # |  |

By signing below, I confirm that:

1. I have read the above information about the extension of the child care fee reduction initiative until further notice;
2. I received a reimbursement
3. I understand that the information on this document may be shared with the Region of Peel for verification purposes.
4. I consent to be contacted by a representative of the Region of Peel at the number provided above, as part of a regular random verification process, and only in connection to the child care fee reduction initiative.
5. I understand all the previous statements, and have asked for and received an explanation, or language translation if required, of every point that was not clear to me.

|  |  |  |  |
| --- | --- | --- | --- |
| Month | Reimbursement Date | Reimbursement Amount | Parent/Guardian Signature |
| April |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Add months as applicable)