

## A. Complete this section if self employed

I, \_\_\_\_\_ declare that I am a self employed  
(Print Name)  
 individual effective (dd/mm/yyyy) \_\_\_\_\_. I further declare that I work  
 the following days, hours per day and months out of the year as indicated below:

Days worked	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# of hours worked per day							

Months worked (select all that apply)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

I am under contract  Yes  No

If "yes", please specify:	Contract start date:	Contract end date:
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My Business is incorporated  Yes  No

I have a business registration and/or license  Yes  No

Nature of Business		
<input type="checkbox"/> Caretaker	<input type="checkbox"/> Consultant	<input type="checkbox"/> Practitioner of Medicine/Dentist
<input type="checkbox"/> Hairdresser/Esthetician	<input type="checkbox"/> Truck driver	<input type="checkbox"/> Vendor and/or Kiosk owner
<input type="checkbox"/> Performing Arts/Musician	<input type="checkbox"/> Courier and/or Mover	<input type="checkbox"/> Contractor/Tradesperson
<input type="checkbox"/> Taxi and/or Limousine Driver	<input type="checkbox"/> Other, please specify	

**B. Complete this section if no longer self employed**

I, \_\_\_\_\_ declare that I am no longer a self employed  
(Print Name)  
individual effective (dd/mm/yyyy) \_\_\_\_\_ .  
Verification Form RC145 (Request to Close Business Number) attached.  
 Yes                       No

I certify that the above information is true and no information required to be given has been withheld or omitted.

I understand that I must report any changes in my employment activity to Children's Services when they occur. I further understand that failure to report such changes could result in the termination of my child care fee assistance and/or recovery of child care fees paid on my behalf.

Applicant Signature  Date   
 If completing electronically type your name in the space above.  Input date in the space above

**Notice with Respect to the Collection of Personal Information**

This information is being collected pursuant to the Child Care and Early Years Act, 2014 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56. This information will be used to determine and verify initial & ongoing eligibility for Child Care Fee Subsidy and to administer the delivery of child care fee subsidy by Regional Municipality of Peel. Any questions regarding this collection may be directed to Supervisor, Early Years and Child Care Services, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail or telephone at 905-791-1585.

Region of Peel – Human Services  
Early Years & Child Care Services - Child Care Fee Subsidy