

Case ID	Student Name

Address

**This is to confirm the above named person is registered for the following course(s):**

Course Name / Level	Start Date	End Date

Check the day(s) student attends this course:  Monday  Tuesday  Wednesday  Thursday  Friday

Fill in the hours student attends this course:  A.M. \_\_\_\_\_ to \_\_\_\_\_  P.M. \_\_\_\_\_ to \_\_\_\_\_

Course Name / Level	Start Date	End Date

Check the day(s) student attends this course:  Monday  Tuesday  Wednesday  Thursday  Friday

Fill in the hours student attends this course:  A.M. \_\_\_\_\_ to \_\_\_\_\_  P.M. \_\_\_\_\_ to \_\_\_\_\_

Course Name / Level	Start Date	End Date

Check the day(s) student attends this course:  Monday  Tuesday  Wednesday  Thursday  Friday

Fill in the hours student attends this course:  A.M. \_\_\_\_\_ to \_\_\_\_\_  P.M. \_\_\_\_\_ to \_\_\_\_\_

Course Name / Level	Start Date	End Date

Check the day(s) student attends this course:  Monday  Tuesday  Wednesday  Thursday  Friday

Fill in the hours student attends this course:  A.M. \_\_\_\_\_ to \_\_\_\_\_  P.M. \_\_\_\_\_ to \_\_\_\_\_

School Official

Position

Telephone Number	Date

\_\_\_\_\_  
School Official Signature

<p><b>School Stamp</b> <i>This form is not valid without school stamp</i></p>
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I \_\_\_\_\_ consent for the release of the above information to the Region of Peel.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Return to Children's Services, Attention: \_\_\_\_\_

**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