



JANUARY 1, 2020

DECLARATION:

I hereby certify that childcare services were provided on the dates indicated hereon and at the rate indicated below.

Rate: day/hour

Childcare Provider Signature

Date

Applicant

Date

Total Hours _____

Total Paid \$ _____

Ontario Child Care Supplement for Working Families
YES/NO
\$ _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3					