



DEC 2019-JAN 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Jan 1	2	3	4
5	6	7	8	9	10	11
12	13	14	15			

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

\$ _____



JAN 2020-FEB 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	Feb 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15

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

\$ _____



FEB 2020-MAR 2020

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DECLARATION:							
I hereby certify that childcare services were provided on the dates indicated hereon and at the rate indicated below.							
Rate : day/hour	16	17	18	19	20	21	22
Childcare Provider Signature							
Date	MAR 1	2	3	4	5	6	7
Applicant							
Date	8	9	10	11	12	13	14
Total Hours							
Total Paid \$	15						
Ontario Child Care Supplement for Working Families YES/NO							
\$							



MAR 2020-APR 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	Apr 1	2	3	4
5	6	7	8	9	10	11
12	13	14	15			

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

\$ _____



APR 2020-MAY 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	MAY 1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	

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

\$



MAY 2020-JUN 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	JUN 1	2	3	4	5	6
7	8	9	10	11	12	13
14	15					

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

\$



JUN 2020 - JUL 2020

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	JUL 1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15			

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

\$



JUL 2020-AUG 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	AUG 1
2	3	4	5	6	7	8
9	10	11	12	13	14	15

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

\$ _____



AUG 2020 - SEPT 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	SEPT 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16			

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

\$



SEPT 2020-OCT 2020

DECLARATION:

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	OCT 1	2	3
4	5	6	7	8	9	10
11	12	13	14	15		

Rate : day/hour

Childcare Provider Signature

Date

Applicant

Date

Total Hours _____

Total Paid \$ _____

Ontario Child Care Supplement for Working Families
YES/NO

\$ _____



OCT 2020-NOV 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
NOV 1	2	3	4	5	6	7
8	9	10	11	12	13	14
15						

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

\$ _____



NOV 2020-DEC 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	DEC 1	2	3	4	5
6	7	8	9	10	11	12
13	14	15				

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



DEC 2019-JAN 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	JAN 1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	

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Rate : day/hour

Childcare Provider Signature

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Applicant

Date

Total Hours _____

Total Paid \$ _____

Ontario Child Care Supplement for Working Families
YES/NO

\$ _____