



County of Huron, Social and
Property Services
Jacob Memorial Building
77722D London Rd, RR#5
Clinton, ON NOM 1L0

County of Huron

April 2021 - Emergency Licensed School-Aged Child Care Application

Emergency Child Care Services are reserved **exclusively** for school-aged children of eligible essential workers who have **exhausted all other child care alternatives**, and will only be available for the dates that you are required to be working outside of the home, in an approved occupation. Please be advised that childcare workers will not engage in online learning with your child.

In order to be eligible, both parents **must** work outside of the home, and a minimum of one parent must be on the list of eligible workers (located on page five to eleven of this application).

School-aged child care spaces will be filled on a 'first come, first served' basis.

This application must be accompanied by **verification of eligible employment activities** (e.g. letter from employer or pay stub). Failure to provide required documentation will delay the processing of your application as it will be deemed incomplete.

Parent/Guardian #1 Information:

Full Name:	Employer Name:
Workplace Location/Address:	Occupation/Job Title:
Name of Supervisor:	Supervisor's Contact Number:
Home Address:	
Email Address:	Phone Number: Alternate Phone Number:

Parent/Guardian #2 Information:

Full Name:	Employer Name:
Workplace Location/Address:	Occupation/Job Title:
Name of Supervisor:	Supervisor's Contact Number:
Home Address:	
Email Address:	Phone Number: Alternate Phone Number:



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Eligible Hours of Care:

Complete the hours of care for each day where care is required.

Please note that childcare is only available from Monday to Friday, during regular operating hours.

Days of Week:	Monday	Tuesday	Wednesday	Thursday	Friday
Hours of Care:					

Please note: requested days/hours for care are not guaranteed, and are subject to the availability of the licensed child care operators.

Eligible Children's Information:

Last Name	First Name	Date of Birth (dd-mm-yy)	Requires Special Supports
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Children requiring special supports that are able to attend in-class learning are not eligible for emergency child care, as they have an available spot for learning.

Emergency Child Care for children with special supports will be based on staffing availability.

Care Preference:

- London Bridge—Relow Early Childhood Learning Centre (Exeter)
- Clinton Co-Operative Childcare Centre
- Clinton Co-Operative Childcare Centre—Goderich Site (GPS)

An additional registration will need to be completed from the specific program your child(ren) will be attending.



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Consent:

I confirm understanding of the following conditions of the County of Huron's Emergency School-Aged Child Care Funding, and give consent for the County of Huron to collect information regarding attendance at the approved Child Care Centre for the above-named child(ren).

1. By completion and submission of this form I am confirming that I am an essential services employee as outlined on page (number) of this application.
2. I am confirming that I have exhausted all other alternative child care options.
4. Emergency Child Care Services can only be arranged with a licensed child care provider as approved through the County of Huron as the Service System Manager.
5. Emergency Child Care Services will be provided only for time required for my work and travel time.
6. I consent to the exchange of information between the County of Huron and the Licensed Child Care Agency for the sole purpose of determining or verifying the administration of the Emergency Child Care Funding.
7. I authorize consent for the Licensed Child Care Agency to provide the County of Huron with my child(ren)'s attendance.
8. Should I no longer require Emergency Child Care, I will immediately advise both my licensed child care provider and County of Huron, Children's Services.
9. I understand that active health screening will take place on a daily basis for all children being dropped off, as well as the adult dropping them off, https://covid-19.ontario.ca/school-screening/

By submitting this document, I am confirming that I am a member of the eligible list of workers noted in this application, and that I have read, understood and agree to the conditions indicated. Additionally, I confirm that all information is correct and accurate to the best of my knowledge.

Submission: Please submit completed application and employment verification to:

childservices@huroncounty.ca

All submitted documents will be retained by the Corporation of the County of Huron for a period of not less than seven (7) years. **Notice of Collection of Personal Information:** The personal information collected on this form is collected under the authority of the Child Care and Early Years Act and will be used to determine eligibility for Emergency Child Care Fee Subsidy. Questions about this collection of personal information may be directed to Children's Services as noted above.