

Applicant Name*

AD40 Additional Child Care Provider or Children Form

If you are applying for the Childcare Subsidy, use this form to fill out any additional children that there was not space for in the original form. You can find the original form here.

Child information	
Please attach a copy of your child's Birth Certific	ate
Child's Name *	Child's Birthday
Name of Child Care Provider	Address
Legal Land Location	Rural Address
Phone Number *	Email Address
Relationship of Child Care Provider to Child	Estimated monthly hour of care need *
Estimated monthly cost of care *	Start Date
, ,	

Notice of Collection

The personal information on this form is being collected for the purpose of determining eligibility for and administering Saddle Hills County's Childcare Subsidy and will be shared with Administration. The information is collected under the authority of Section 146 of the Municipal Government Act and Section 4 of the Protection of Privacy Act. For questions about the collection of personal information, contact admin@saddlehills.ab.ca or call (780) 864-3760.

Please send me a pdf copy of this form	Email address for copy of form *
○ Yes	
○ No	