

## Subsidy Claim Submission Sheet

Name of Care Provider :- \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Full Day (FD): \_\_\_\_\_ @\$  
 2/3 Day: \_\_\_\_\_ @\$  
 1/3 Day: \_\_\_\_\_ @\$  
 Sick: \_\_\_\_\_ @\$  
 Absent: \_\_\_\_\_ @\$  
 Holiday: \_\_\_\_\_ @\$  
 Other: \_\_\_\_\_ @\$  
**Total:** \_\_\_\_\_ \$

**Child's Name:** \_\_\_\_\_

Full Day (FD): \_\_\_\_\_ @\$  
 2/3 Day: \_\_\_\_\_ @\$  
 1/3 Day: \_\_\_\_\_ @\$  
 Sick: \_\_\_\_\_ @\$  
 Absent: \_\_\_\_\_ @\$  
 Holiday: \_\_\_\_\_ @\$  
 Other: \_\_\_\_\_ @\$  
**Total:** \_\_\_\_\_ \$

**Child's Name:** \_\_\_\_\_

Full Day (FD): \_\_\_\_\_ @\$  
 2/3 Day: \_\_\_\_\_ @\$  
 1/3 Day: \_\_\_\_\_ @\$  
 Sick: \_\_\_\_\_ @\$  
 Absent: \_\_\_\_\_ @\$  
 Holiday: \_\_\_\_\_ @\$  
 Other: \_\_\_\_\_ @\$  
**Total:** \_\_\_\_\_ \$

**Child's Name:** \_\_\_\_\_

Full Day (FD): \_\_\_\_\_ @\$  
 2/3 Day: \_\_\_\_\_ @\$  
 1/3 Day: \_\_\_\_\_ @\$  
 Sick: \_\_\_\_\_ @\$  
 Absent: \_\_\_\_\_ @\$  
 Holiday: \_\_\_\_\_ @\$  
 Other: \_\_\_\_\_ @\$  
**Total:** \_\_\_\_\_ \$

**Child's Name:** \_\_\_\_\_

Full Day (FD): \_\_\_\_\_ @\$  
 2/3 Day: \_\_\_\_\_ @\$  
 1/3 Day: \_\_\_\_\_ @\$  
 Sick: \_\_\_\_\_ @\$  
 Absent: \_\_\_\_\_ @\$  
 Holiday: \_\_\_\_\_ @\$  
 Other: \_\_\_\_\_ @\$  
**Total:** \_\_\_\_\_ \$

**Child's Name:** \_\_\_\_\_

Full Day (FD): \_\_\_\_\_ @\$  
 2/3 Day: \_\_\_\_\_ @\$  
 1/3 Day: \_\_\_\_\_ @\$  
 Sick: \_\_\_\_\_ @\$  
 Absent: \_\_\_\_\_ @\$  
 Holiday: \_\_\_\_\_ @\$  
 Other: \_\_\_\_\_ @\$  
**Total:** \_\_\_\_\_ \$

Full Day - Child is present for the entire day

2/3 - Child Attends Care for half a day, including early dismissal, before & after school care.

1/3 - Child Attends either before OR after school.

Sick - Maximum of 5 days per month.

Absent - Maximum of 3 days per month.

Holiday - Statutory Holidays only.

Vacation - Each child is allowed a set number of vacation days, check with consultant for number of days.

Other - Storm closures, power outages, etc.