



Care Provider: _____

Subsidy Report Period: _____

| Child's Name | Category I,T,P,SA | Subsidy Rate | FULL DAY | | | | | | | TOTAL | 2/3 Day | | | | | | | TOTAL | 1/3 Day | | | | | | | TOTAL | | |
|--------------|----------------------|--------------|----------|---|---|---|---|---|----|-------|---------|---|---|---|---|-----|---|-------|---------|---|---|---|-----|--|--|-------|--|--|
| | | | P | A | S | H | V | O | FD | P | A | S | H | V | O | 2/3 | P | A | S | H | V | O | 1/3 | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |

Subsidy Attendance Codes

P: Present A: Absent (Max 3 per month)

H: Stat Holiday S: Sick (Max 5 per month)

V: Vacation (15 per fiscal year)

O: Other (Refers to center closure; storm, power outage, flood etc)

****If you are claiming other you must include the reason, otherwise it will not be processed.****

Full day- Child attends for the full day

2/3 day- Attends for half day and has lunch, including early dismissal, before and afterschol care

1/3 day- Morning or afternoon , SA before OR after school care

Record Child name and reason for "O"

| |
|--|
| |
|--|

Each CP is responsible for the accuracy of the information they provide

Please send form to Billie Jo: billiejofamilymatters@gmail.com

Subsidy is due by **9 am on the due date** to ensure we have enough time to process it.