



**Canada-Wide
Early Learning and
Child Care
Consent**

Children's and Community Services Division
Healthy and Safe Communities Department
City of Hamilton
28 James St N, 6th Floor
Hamilton, Ontario
L8R 1A1
www.hamilton.ca/affordablechildcare

I, _____ authorize
(parent/guardian name)

(name of child care provider)

to provide the City of Hamilton my child(ren)'s monthly attendance and child care fees paid for the sole purpose of determining the rebate for the Canada-Wide Early Child Care (CWELCC) system.

| Name of Eligible Child(ren) | |
|-----------------------------|------------|
| LAST NAME | FIRST NAME |
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By signing this letter, I give consent for the City of Hamilton to collect information regarding the attendance and fees paid for the above children.

Signature of Parent / Guardian: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Signature of Supervisor / Designate: _____ Date: _____

Supervisor / Designate Name: _____

The information is collected under the authority of the Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1, section 71, for planning and continuous improvement. The information will be seen and used by: staff at Children's and Community Services Division. For questions, please contact the Canada-Wide Early Learning and Child Care Manager, City of Hamilton, P.O. Box 2040 Hamilton, ON L8P 4Y5 (905) 546-2424 ext. 4120.