

Enhanced Accessibility Request

Name of Child Ca	are Facility:			
Address:				
Name of Child:				
Is the child curre	ntly school-age, or w	vill the child turn school-age within the grant timeframe?	Yes □ No	
Staffing Costs		Office Use Only		
Month and Year	Monetary Monthly Request	Breakdown of Staffing Costs	Eligible Amount	Averaged Monthly Amount
E.g. July 2015	\$1,859	E.g. Staff Wage @ \$15/hr x 5 hrs/day x 15 days = \$1,125 @ \$15/hr x 10 hrs/day x 3 days = \$450 Employer costs (EI, CPP, etc.) @ 18% = \$283.50 Total for month = \$1,858.50		

Month and Year	Monetary Monthly Request	Breakdown of Staffing Costs		Eligible Amount	Averaged Monthly Amount	
If known at the	e time of request pleas	I se provide the following information on the per-	son employed to	support the child.	<u> </u>	
			□ECE II	CE II □ECE III □Other:		
	f a change in the hour mediately to avoid ov	s of enrolment of the child, or employment/tra	aining status of th	ne parent(s)/guardian	(s), advise your ELCC	
Signature of Centre Director or Child Care Home Provider			Date	Date		
Signature of Parent/Guardian			 Date	Date		