

[illegible]

Month and Year	Monetary Monthly Request	Breakdown of Staffing Costs	Eligible Amount	Averaged Monthly Amount

If known at the time of request please provide the following information on the person employed to support the child.

Name: _____ ☐ ECE I ☐ ECE II ☐ ECE III ☐ Other: _____

In the event of a change in the hours of enrolment of the child, or employment/training status of the parent(s)/guardian(s), advise your ELCC Consultant immediately to avoid overpayment.

Signature of Centre Director or Child Care Home Provider

Date

Signature of Parent/Guardian

Date