



Date: _____ **Society Name:** _____

Name of the Child Care Centre or Program: _____

Please use this form to enter child care licensed capacity and enrolment information.

Type of Service	Licensed Capacity	Current Enrolment	No. Children Served Per Month	No. Children on the Waitlist	Current Fees	Parent Payment after Fee Reduction	
Group Child Care, Under 36 Months							
Group Child Care, 30 months to school age							
Type of Service	Licensed Capacity	Current Enrolment	No. Children Served Per Month	No. Children on the Waitlist	Current Fees	Parent Payment after Fee Reduction	
Preschool							
Preschool – Days & Times Provided (check care applicable)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							
Do you offer preschool programs in July/August? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how days/sessions per week? _____							
Type of Service	Licensed Capacity	Current Enrolment	No. Children Served Per Month	No. Children on the Waitlist	Current Fees	Parent Payment after Fee Reduction	
School Age Care							
Multi-Age care							
In Home or Family Multi-Age							
What care is provided? (check care provided)	<input type="checkbox"/> Before & After School	<input type="checkbox"/> After School Only	<input type="checkbox"/> Professional Days	<input type="checkbox"/> Summer			

<i>Please provide the following information</i>	Yes	No	Comments
Program receives Child Care Operating Funding and participates in Fee Reduction Initiative			
Program enrolls families accessing Affordable Child Care Benefit			
Program enrolls children who require extra support			
Program currently works with Supported Child Development			