Child Care Reimbursement Application

Purpose:

The Mississaugas of the Credit First Nation (MCFN) Department of Lifelong Learning is here to provide resources that support our post-secondary learners, allowing them to overcome barriers in their learning journey.

Objective:

The MCFN Department of Lifelong Learning recognizes that our post-secondary learners may have dependents during their time of attending school. In May 2024, our Chief and Council approved the use of funds to support post-secondary learners with the cost of obtaining child care during their journey. This child care reimbursement application is a prerequisite to obtain funding. Commencing in the 2024-2025 school year, the total amount payable will be **$10.00 per day** upon approval and subject to available funds.

Eligibility:

You can apply if your child is under 13 years old (or up to 18 years old if your child has special needs and meets other criteria*) and in either: a licensed child care program (centre-based, home-based, or in-home services) or a children's registered recreation program. Supporting documentation is required to accompany this application. For the school year, post-secondary learners will submit proof of child care payment in accordance with the above. Post-Secondary learners will then be reimbursed. An addendum for this benefit will be included in the Post-Secondary Student Assistant Policy and available on the MCFN website. The provision of this reimbursement support is reviewed annually and subject to available funding.

Withdrawal:

If a student withdraws from school, it is the student's responsibility to inform the Post Secondary Student Advisor within two weeks of the withdrawal, failure to notify may result in the requirement to repay for funds advanced.

Details:

Name: _____

Address: _____

Applicant's Date of Birth: _____

Post-secondary school details (proof of enrollment and duration of attendance): You may attach documentation to this application.

_____

_____

_____

Names and Dates of Birth of dependent children who will be attending child care (status cards or birth certificate required as supporting documentation).

Childs name: _____

Child's Date of Birth: _____

Name and address of registered child care provider (support letter or invoice/statement):

_____

_____

_____

_____

Attendance details:

◯ Full time or ◯ Part-time

Date of application: _____

_____ _____

Name of applicant (print) **MCFN Lifelong Learning Dept (print)**

_____ _____

Signature of applicant **MCFN Lifelong Learning Dept (signature)**