



APPLICATION FOR EARLY LEARNING AND CHILD CARE SUBSIDY

Internal use only File # _____

This application must be submitted no later than the last day of the month for which the subsidy is required (e.g. it must be submitted no later than May 30 if you require the subsidy for the month of May). It is ideally submitted 6 to 8 weeks before the subsidy is required. If your application is missing information, it can cause delay in receiving the subsidy.

If completed online, print and sign this application and drop off or mail along with all necessary documentation. **We cannot accept scanned/mailed versions of the application form, as we must receive original signatures.**

Supplementary documentation/forms can be found online at <https://yukon.ca/education-and-schools/early-childhood-learning-and-programs/apply-child-care-subsidy>

Questions? Phone: 867-667-3492 or, toll-free, at 1-800-661-0408 ext. 3492
Email: earlylearning@yukon.ca

Submit completed form via mail: Government of Yukon, Early Learning and Child Care Unit (E-23)
Box 2703, Whitehorse, Yukon Y1A 2C6
In person: Early Learning and Child Care
1000 Lewes Boulevard, Whitehorse, Yukon

Parent/guardian information (applicant)

Have you ever applied for Early Learning and Child Care Subsidy in the Yukon before? Yes No

Last name	First name	Date of birth YYYY/MM/DD
Email	Phone	
Mailing address	City/town	Postal code
Physical address (if different than above)	City/town	Postal code

Indicate the days you are the primary caregiver for your child(ren) (e.g. every day, every second week)

Family situation/information

Marital status
 Married Common-law Single Separated Divorced Widowed

If you are married or common-law, that person will be considered the co-applicant and must complete page 3 of this form.

Co-applicant last name: _____ First name: _____

Date of birth: YYYY/MM/DD _____

Has the co-applicant ever applied for Early Learning and Child Care Subsidy in Yukon before? Yes No

Reason for early learning and child care

Check the section that refers to your situation. You can check more than one section (e.g. You may be going to school and working part-time, or you may be at home full-time but yourself or your child(ren) require special supports). **If you don't have full custody, fill out the information below based on the time you have custody/care for your child.**

Parent/guardian (applicant)

<input type="checkbox"/> Working	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Typical days of week worked <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	
	Place of work	Work phone number	Start date YYYY/MM/DD
	Documentation required: <input type="checkbox"/> Two most recent pay slips or the Verification of Income by Employer form (if you have just started work and do not yet have two pay slips). <input type="checkbox"/> Confirmation of amount of financial aid from Income Support/Social Assistance If self-employed: <input type="checkbox"/> Self-Employed Financial Information form <input type="checkbox"/> Revenue Canada "Notice of Assessment" for previous year		
<input type="checkbox"/> Looking for work	Documentation required: <input type="checkbox"/> Employment Insurance (EI) benefit statement <input type="checkbox"/> Job Search Record form <input type="checkbox"/> Confirmation of amount of financial aid from Income Support/Social Assistance		
<input type="checkbox"/> Obtaining education (school/college/training)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Days of week at school <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S	
	Name of institute	Institute phone number	Start date YYYY/MM/DD
	Documentation required: <input type="checkbox"/> Verification of enrollment and course schedule from learning institute <input type="checkbox"/> Verification of training allowance <input type="checkbox"/> Confirmation of amount of financial aid from Income Support/Social Assistance		
<input type="checkbox"/> Special circumstances (respite care, health professional recommendation, etc.)	Documentation required: <input type="checkbox"/> Special Needs Application form <input type="checkbox"/> Individual Program Plan (IPP) – most often provided by the Child Development Centre or Department of Education		
<input type="checkbox"/> Other (indicate as applicable)	<input type="checkbox"/> Maintenance or child support: Receiving \$_____ <input type="checkbox"/> per month <input type="checkbox"/> bi-weekly <input type="checkbox"/> other _____ Paying \$_____ <input type="checkbox"/> per month <input type="checkbox"/> bi-weekly <input type="checkbox"/> other _____		
	<input type="checkbox"/> Other income (insurance, pension) \$_____ <input type="checkbox"/> per month <input type="checkbox"/> bi-weekly <input type="checkbox"/> other _____		
	<input type="checkbox"/> Deductions (contributing to RRSPs if you don't have a pension plan, tuition expenses.) \$_____		
	Provide appropriate supporting documentation.		
	<input type="checkbox"/> Any other income you receive. Indicate what for _____ Amount \$_____		

Co-applicant – to be filled out by spouse/common-law partner. If this does not apply to your family situation, skip to page 4.

<input type="checkbox"/> Working	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Typical days of week worked <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		
	Place of work	Work phone number	Start date YYYY/MM/DD	
	Documentation required: <input type="checkbox"/> Two most recent pay slips or the Verification of Income by Employer form (if you have just started work and do not yet have two pay slips). <input type="checkbox"/> Confirmation of amount of financial aid from Income Support/Social Assistance If self-employed: <input type="checkbox"/> Self-Employed Financial Information form <input type="checkbox"/> Revenue Canada “Notice of Assessment” for previous year			
<input type="checkbox"/> Looking for work	Documentation required: <input type="checkbox"/> Employment Insurance (EI) benefit statement <input type="checkbox"/> Job Search Record form <input type="checkbox"/> Confirmation of amount of financial aid from Income Support/Social Assistance			
<input type="checkbox"/> Obtaining education (school/college/training)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Days of week at school <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S		
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	Documentation required: <input type="checkbox"/> Verification of enrollment and course schedule from learning institute <input type="checkbox"/> Verification of training allowance <input type="checkbox"/> Confirmation of amount of financial aid from Income Support/Social Assistance			
<input type="checkbox"/> Special circumstances (respite care, health professional recommendation, etc.)	Documentation required: <input type="checkbox"/> Special Needs Application form <input type="checkbox"/> Individual Program Plan (IPP) – most often provided by the Child Development Centre or Department of Education			
<input type="checkbox"/> Other (indicate as applicable)	<input type="checkbox"/> Maintenance or child support:			
	Receiving \$ _____ <input type="checkbox"/> per month <input type="checkbox"/> bi-weekly <input type="checkbox"/> other _____			
	Paying \$ _____ <input type="checkbox"/> per month <input type="checkbox"/> bi-weekly <input type="checkbox"/> other _____			
	<input type="checkbox"/> Other income (insurance, pension)			
	\$ _____ <input type="checkbox"/> per month <input type="checkbox"/> bi-weekly <input type="checkbox"/> other _____			
<input type="checkbox"/> Deductions (contributing to RRSPs if you don't have a pension plan, tuition expenses.)				
\$ _____				
Provide appropriate supporting documentation.				
<input type="checkbox"/> Any other income you receive.				
Indicate what for _____				
Amount \$ _____				

Information on child(ren) requiring care

Last name	First name	Date of birth	Early learning and child care facility	Attendance	
				# hours per day	# of days per week
Newborn to preschool age					
		YYYY/MM/DD			
		YYYY/MM/DD			
		YYYY/MM/DD			
		YYYY/MM/DD			
Attending kindergarten					
		YYYY/MM/DD			
		YYYY/MM/DD			
		YYYY/MM/DD			
School age					
		YYYY/MM/DD			
		YYYY/MM/DD			
		YYYY/MM/DD			
		YYYY/MM/DD			

What is the total number of children living in your household that are age 18 or under? _____

Provide any additional comments that you feel are applicable to your application:

Declaration of application

I/We hereby declare that to the best of my/our knowledge and belief the above information is true and I/we give permission to the Department of Education to verify the above information in any way necessary. I/We further understand that the provision of false or misleading information in this application may result in legal prosecution and/or being disqualified from receiving any benefits under the Early Learning and Child Care Subsidy Program, including being barred from any further participation in the program.

Signature of applicant	Date YYYY/MM/DD
Signature of co-applicant (if applicable)	Date YYYY/MM/DD
Witness (individual over the age of 18)	Date YYYY/MM/DD