

Halton Region

Parent Consent Letter Emergency Child Care Form

Halton Region and the Province of Ontario recognize health care and other frontline workers must continue to work during the COVID-19 outbreak and may need additional supports to look after their children. Halton Region is offering licensed child care free of charge to eligible workers, funded by the Province of Ontario. **Emergency child care services are reserved exclusively for children of essential service workers who have no other child care alternatives.**

Approved child care operators are required to follow the *Child Care and Early Years Act, 2014* and other Ministry policies and guidelines. Halton Region is working with Public Health, the local Medical Officer of Health, the Ministry of Education and approved child care operators to ensure appropriate preventative safety measures are in place for approved emergency child care settings.

Parent/Guardian Name: _____

Employer: _____

Position Title: _____

For two-parent families, both must be required to work outside the home and at least one must be an eligible worker. If there is one parent working from home, your family will be deemed ineligible.

Parent/Guardian Name: _____

Employer: _____

Position Title: _____

Name of Eligible Child(ren)					
Last Name	First Name	Date of Birth (dd/mm/yy)	Last Name	First Name	Date of Birth (dd/mm/yy)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Acknowledgement & Consent

I acknowledge that as a condition of receiving free Emergency Child Care, the attendance information for the above-listed child(ren) will be provided to Halton Region by the licensed child care operator that the child(ren) are registered with. By completing and signing this form, I also acknowledge and consent to the exchange of information between my employer and Halton Region for the sole purpose of determining or verifying my eligibility for free Emergency Child Care.

I acknowledge and confirm my understanding of the following terms and conditions of Halton Region's emergency child care funding:

- I am eligible because I, or my partner, is a worker that is on the List of Workers Eligible for Emergency Child Care, as defined by the Ministry of Education **and** I/we have no other child care alternatives.
- I confirm that I and my partner, if I have one, are required to work outside the home.
- Payment can only be made to an approved licensed child care operator and will be provided directly to the child care operator.
- I will notify the child care operator and not send my child(ren) for child care if either my child(ren), myself and/or my partner are feeling sick.

Applicant

☐ Please check this box if you are filing your response electronically. This represents your signature. You **must** fill out the date below.

Date: _____

Name: _____

Spouse/Common-law Partner (if applicable)

☐ Please check this box if you are filing your response electronically. This represents your signature. You **must** fill out the date below.

Date: _____

Name: _____