

**COVID-19 Emergency Child Care Services for School Age Children  
Parent Employment Approval Form**

The Parry Sound District Social Services Administration Board (PSDSSAB) and the Province of Ontario recognize essential workers must continue working. In order to support families with the care of their school age children (providing they are enrolled in an elementary school), the PSDSSAB is providing the provision of licensed child care, free of charge.

The approved child care programs are required to follow the *Child Care and Early Years Act, 2014* (Ontario Regulation 137/15) and at the requirement of the local Medical Officer of Health, additional precautionary safety measures are in place for the safety and well being of your family and our community.

Applicant 1 - Parent/Guardian Name: \_\_\_\_\_

Employer: _____	Position Title: Essential <input type="checkbox"/>
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Proof of Employment Provided:  Yes  No  
\*Please attach a copy of proof of employment e.g. photo ID badge, income statement, etc.

Applicant 2 - Parent/Guardian Name: \_\_\_\_\_

Employer: _____	Position Title: Essential <input type="checkbox"/>
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Proof of Employment Provided:  Yes  No  
\*Please attach a copy of proof of employment e.g. photo ID badge, income statement, etc.

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

**Signature & Consent:**

I confirm and understand the following conditions of the PSDSSAB’s emergency child care funding and give consent for the PSDSSAB to collect information regarding the attendance for the above child(ren).

The funding for the provision of emergency child care is contingent on:

1. My work in an eligible position that is on the List of Workers Eligible for Emergency Child Care as determined by the Province of Ontario;
2. My school age child was enrolled in an elementary school in the District of Parry Sound prior as of December 21<sup>st</sup>, 2020.
3. Consent to the exchange of information between my employer, and the PSDSSAB for the sole purpose of determining or verifying the administration of the emergency child care funding;
4. Authorization for \_\_\_\_\_ (Program Name) to provide the PSDSSAB Child Care Service Management Department with my child(ren)’s weekly attendance; and
5. Immediate notification to the licensed child care program if either my child(ren) or member of my immediate family residing at the primary home address has any symptoms of COVID-19.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PSDSSAB Child Care Service Management Signature: \_\_\_\_\_