

1. I, _____,
(Name of Applicant 1 for Child Care Subsidy under the Child Care and Early Years Act, 2014)

and I, _____
(Name of Applicant 2, where applicable)

consent to the collection, use and disclosure of information by, and the release of information to, an authorized representative of the Regional Municipality of Peel, Human Services Department for the purpose of determining or verifying my initial, ongoing or past eligibility for Child Care Subsidy and administering my Child Care Subsidy.

2. Without in any way restricting the generality of the consent in section 1, I specifically consent to the Regional Municipality of Peel's collection, use and disclosure of the following types of personal information pertaining to me/my child(ren) for the purpose of determining or verifying my initial, ongoing or past eligibility for Child Care Subsidy and administering my Child Care Subsidy:

- income
- employment
- education
- training
- medical
- residency
- custody
- marital status
- family composition
- immigration status

3. Further, without in any way restricting the generality of the consent in section 1, I consent to the Region of Peel's collection, use and disclosure of my personal information to and from third parties including but not limited to employers, education and training institutions, Ontario Works Delivery Agents, Housing Service Managers, referring agencies, Child Care Service Providers, the Regional Municipality of Peel, the Canada Revenue Agency, the Government of Canada, the Ministry of Community and Social Services, the Ministry of Education, the Government of Ontario Consolidated Municipal Service Managers, Peel District School Board, Dufferin Peel Catholic District School Board, Day Care Centres, or any agency, ministry or department of any of the foregoing for the purpose of determining or verifying my initial, ongoing or past eligibility for Child Care Subsidy or administering my Child Care Subsidy.

I have read (or have had read to me) this consent; I have had an opportunity to ask questions pertaining to this consent; I understand the nature and purpose of this consent; and I give this consent voluntarily.

Signature of Applicant 1 _____

Dated at: _____, this _____ day of _____, 20 _____

Signature of Applicant 2 _____
(where applicable)

Dated at: _____, this _____ Day of _____, 20 _____

Notice with Respect to the Collection of Personal Information

Personal information is being collected by the Regional Municipality of Peel, Service System Manager, under the legal authority of the *Child Care and Early Years Act, 2014* and regulations thereunder, for the purpose of determining and verifying initial, ongoing and past eligibility for Child Care Subsidy and to administer the delivery of child care subsidy program in the Regional Municipality of Peel. Any questions regarding this collection may be directed to Supervisor, Early Years and Child Care Services, Region of Peel, 10 Peel Centre Drive, Suite B, P.O. Box 2136 STN B, Brampton, ON L6T 0E3, by mail or telephone at 905-791-1585.