

Confirmation of University/College Registration

To be completed by school official

Case ID	Student Name

Address

This is to confirm that the above named person is registered and attending in the following:

Course / Program Name	Course Start Date	Course End Date	Total Weeks	Percentage of Case Load	
Does Student Receive any Grants/Bursaries: <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Total Amount of Grants/Bursaries			

Course / Program Name	Course Start Date	Course End Date	Total Weeks	Percentage of Case Load	
Does Student Receive any Grants/Bursaries: <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Total Amount of Grants/Bursaries			

School Official

Position

Telephone Number	Date

School Official Signature

School Stamp
This form is not valid without school stamp

I _____ consent for the release of the above information to the Region of Peel.

Student Signature

Date

Witness Signature

Date

Return to Children's Services, Attention: _____

Notice with Respect to the Collection of Personal Information

This information is being collected pursuant to the *Child Care and Early Years Act, 2014* and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of information including the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c M. 56*. This information will be used to determine and verify initial & ongoing eligibility for Child Care Fee Subsidy and to administer the delivery of child care fee subsidy by 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