

When a childcare service agreement is terminated or the child ceases to receive childcare for more than 90 consecutive days, the educational childcare provider must issue the parent an attestation of childcare services that have been provided (Section 20 of the Reduced Contribution Regulation (S-4.1.1, r.1)). If the educational childcare provider is a home educational childcare provider, she or he is required to immediately submit a copy of this attestation to the home educational childcare coordinating office that granted the provider's recognition.

If the parent has benefited from a basic contribution payment or an exemption for more than two children from the same family, please use a supplementary form.

**Section 1 – Identification of parent**

Family name	First name
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**Section 2 – Identification of child (children)**

First child	Second Child
Family name	Family name
First name	First name
Date of birth Year    Month    Day	Date of birth Year    Month    Day

**Section 3 – Childcare services provided\***

First child	Second Child
Attendance start date Year    Month    Day	Attendance start date Year    Month    Day
Total number of full days of care provided during the current reference year :	Total number of full days of care provided during the current reference year :
As consideration for the basic contribution	As consideration for the basic contribution
For which the parent was exempted from paying the basic contribution	For which the parent was exempted from paying the basic contribution

**Section 4 – Identification of educational childcare provider**

Childcare centre / daycare center	Home educational childcare provider
Name of the educational childcare services business <sup>1</sup>	Family name
Name of division <sup>2</sup>	First name
Division <sup>2</sup> number	<b>Address and telephone number</b>
<b>Division<sup>2</sup> address and telephone number</b>	
Number, street, avenue, boulevard, apartment, post office box	Number, street, avenue, boulevard, apartment, post office box
Town/City, Municipality, Province	Town/City, Municipality, Province
Telephone number	Telephone number      Postal code
Postal code	Name of the home educational childcare coordinating office

**Section 5 – Declaration**

**I declare that the information contained in this attestation is true and complete.**

Family name	<input type="checkbox"/> Authorized signatory of childcare centre / daycare centre
First name	<input type="checkbox"/> Home educational childcare provider
Signature	Date of attestation Year    Month    Day

\* Reference year: the period between 1 September of a year and 31 August of the following year.

1 Educational childcare services business: legal entity holding the permit.

2 Division: establishment whose name and number are registered on the permit.

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Section 1 – Identification of parent	
Family name	First name

Section 2 – Identification of child (children)	
First child	Second Child
Family name	Family name
First name	First name
Date of birth Year      Month      Day	Date of birth Year      Month      Day

Section 3 – Childcare services provided*			
First child		Second Child	
Attendance start date Year      Month      Day	Attendance start date Year      Month      Day	Attendance start date Year      Month      Day	Attendance start date Year      Month      Day
Total number of full days of care provided during the current reference year :	Total number of full days of care provided during the current reference year :	Total number of full days of care provided during the current reference year :	Total number of full days of care provided during the current reference year :
As consideration for the basic contribution	As consideration for the basic contribution	As consideration for the basic contribution	As consideration for the basic contribution
For which the parent was exempted from paying the basic contribution	For which the parent was exempted from paying the basic contribution	For which the parent was exempted from paying the basic contribution	For which the parent was exempted from paying the basic contribution

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Name of division <sup>2</sup>		First name	
Division <sup>2</sup> number		<b>Address and telephone number</b>	
<b>Division<sup>2</sup> address and telephone number</b>		Number, street, avenue, boulevard, apartment, post office box	
Number, street, avenue, boulevard, apartment, post office box		Town/City, Municipality, Province	
Town/City, Municipality, Province		Telephone number      Postal code	
Telephone number	Postal code	Name of the home educational childcare coordinating office	

Section 5 – Declaration	
<b>I declare that the information contained in this attestation is true and complete.</b>	
Family name	<input type="checkbox"/> Authorized signatory of childcare centre / daycare centre
First name	<input type="checkbox"/> Home educational childcare provider
Signature	Date of attestation Year      Month      Day

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As consideration for the basic contribution	As consideration for the basic contribution	As consideration for the basic contribution	As consideration for the basic contribution
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