

I, _____, declare that I am a self-employed individual and have been since (dd/mm/yyyy) _____. I further declare that I work the following days, hours per day and months out of the year.

Please fully complete the following – indicate with an “X” in each box that is applicable

Days Worked	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
# of hours worked (per day)							

Months Worked	January	February	March	April	May	June	July	August	September	October	November	December

I am under contract Yes No

If “yes”, please specify	Contract start date (dd/mm/yyyy)	End date (dd/mm/yyyy)
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My business is incorporated Yes No

I have a business registration and / or license (which can include but is not limited to Taxi / Limo licenses) Yes No

Nature of Business		
<input type="checkbox"/> Caretaker	<input type="checkbox"/> Consultant	<input type="checkbox"/> Practitioner of Medicine / Dentist
<input type="checkbox"/> Hairdresser / Esthetician	<input type="checkbox"/> Truck driver	<input type="checkbox"/> Vendor and / or Kiosk owner
<input type="checkbox"/> Performing Arts / Musician	<input type="checkbox"/> Courier and / or Mover	<input type="checkbox"/> Contractor
<input type="checkbox"/> Taxi and / or Limousine Driver	<input type="checkbox"/> Other, please specify:	

I certify that the above information is true and no information required to be given has been withheld or omitted.

I understand that I must report any changes in my employment activity to Children’s Services when they occur. I further understand that **failure to report** such changes could result in the **termination of my child care fee assistance and / or recovery of child care fees paid on my behalf and / or criminal charges.**

Applicant signature	Date
Municipal Staff signature	Date
Client file #	