



Education and Early Childhood Development

Daycare Assistance Program (DAP) - Transfer Form

The Designated Centre – Parent Subsidy program assists families with financial support to help pay for the costs of early learning and childcare for children in designated **New Brunswick Early Learning Centres** and **New Brunswick Early Learning Homes**.

The program provides free early learning and childcare services to families with a total annual gross income of \$37,500 or less for their preschool children aged five and under. Families will not exceed 20% of their gross annual family income to cover child care costs while their child is attending a designated facility. The level of subsidy is based on a sliding scale (between \$37,501 and \$80,000) and will be determined based on the gross annual household income.

Who can use this form?

All parents currently receiving Daycare Assistance Program benefits and who meet the following criteria:

Eligibility

- You have at least one preschool aged child who is not in school and who is registered in a designated facility; and
- You are a Canadian citizen or permanent resident; and
- You are a resident of New Brunswick; and
- You are either working, in a training or education program or have a special circumstance
- Your gross annual household income (before deductions) is \$80,000 or less; OR
- Your expenses for child care services are more than 20% of the gross annual household income (before deductions)

Calculator

To obtain an estimate of your subsidy or to determine the percentage of childcare costs against your household income you can use the Designated Centre – Parent Subsidy online calculator:

www.gnb.ca/earlyNB or by registering to the New Brunswick Early Childhood Services Portal at:

<https://www.nbed.nb.ca/parentportal/en/>

<https://www.nbed.nb.ca/parentportal/fr/>

Important: for School-Aged Children

Families that use *services for school-age children* in designated facilities must continue to access the **Daycare Assistance Program**. Applications for Daycare Assistance Program (DAP) must be submitted to the Department of Social Development. To access the Daycare Assistance Program, please visit;

https://www2.gnb.ca/content/gnb/en/corporate/promo/improved_early_learning_and_child_care/dap_info.html

Please note: current Daycare Assistance Program clients **MUST** be transferred to the new Designated Centre – Parent Subsidy program. Once your child care facility becomes designated, you are no longer eligible to receive the Daycare Assistance Program. This form will assist us in transferring your information towards the new program.

Consent Form - Transfer of information

Daycare Assistance Program (DAP) of the Department of Social Development to the Designated Centre – Parent Subsidy Program of the Department of Education and Early Childhood Development.

Parent/Guardian			
Last name	First name	Maiden name	
Address			
City/Town		Province	
			Postal code
Phone number	Cell number	Email	
Parent/Guardian - Need for Childcare			
<input type="checkbox"/> Working <input type="checkbox"/> Training/Education <input type="checkbox"/> Special circumstances: Please specify			
Gross Annual Income	Provide your gross annual income (before deductions). This amount can be found on Line 150 of your Notice of Assessment		
\$			

Parent/Guardian 2			
Last name	First name	Maiden name	
Address			
City/Town		Province	
			Postal code
Phone number	Cell number	Email	
Parent/Guardian 2 - Need for Childcare			
<input type="checkbox"/> Working <input type="checkbox"/> Training/Education <input type="checkbox"/> Special circumstances: Please specify			
Gross Annual Income	Provide your gross annual income (before deductions). This amount can be found on Line 150 of your Notice of Assessment		
\$			

Proof of income – Gross annual household income (before deductions)

For each member of your household, please provide copies of one of the following documents:

- The most recent Notice of Assessment (line 150) issued by the Canada Revenue Agency;
or
- The four most recent, consecutive pay stubs.

Information on registration and family needs

Please indicate each child's needs relative to the Program

Child 1

Child's Last Name		Child's First Name		Date of Birth (yyyy-mm-dd)	
Age <input type="checkbox"/> Infant (0-23 months) <input type="checkbox"/> Preschool (2-5 years)		Attendance <input type="checkbox"/> Full-time (4 or more hrs/day) <input type="checkbox"/> Part-time (more than 2, less than 4 hrs/day)		Daily Cost	Days/per week
Name of Designated Facility			Address of Designated Facility		

Child 2 (if any)

Child's Last Name		Child's First Name		Date of Birth (yyyy-mm-dd)	
Age <input type="checkbox"/> Infant (0-23 months) <input type="checkbox"/> Preschool (2-5 years)		Attendance <input type="checkbox"/> Full-time (4 or more hrs/day) <input type="checkbox"/> Part-time (more than 2, less than 4 hrs/day)		Daily Cost	Days/per week
Name of Designated Facility			Address of Designated Facility		

Child 3 (if any)

Child's Last Name		Child's First Name		Date of Birth (yyyy-mm-dd)	
Age <input type="checkbox"/> Infant (0-23 months) <input type="checkbox"/> Preschool (2-5 years)		Attendance <input type="checkbox"/> Full-time (4 or more hrs/day) <input type="checkbox"/> Part-time (more than 2, less than 4 hrs/day)		Daily Cost	Days/per week
Name of Designated Facility			Address of Designated Facility		

Child 4 (if any)

Child's Last Name		Child's First Name		Date of Birth (yyyy-mm-dd)	
Age <input type="checkbox"/> Infant (0-23 months) <input type="checkbox"/> Preschool (2-5 years)		Attendance <input type="checkbox"/> Full-time (4 or more hrs/day) <input type="checkbox"/> Part-time (more than 2, less than 4 hrs/day)		Daily Cost	Days/per week
Name of Designated Facility			Address of Designated Facility		

Declaration and consent

- I/we declare that the information provided on the form is accurate to the best of our knowledge. No required information has been omitted or concealed deliberately.
- I/we give our consent to the Department of Education and Early Childhood Development to share the information included in this application with Service New Brunswick employees responsible for the management of Designated Centre – Parent Subsidy Program applications, as well as with the officer (operator/owner) responsible for the designated facility attended by my child or children.
- I/we understand that the information provided in my application is considered confidential information that will only be used to administer the Designated Centre – Parent Subsidy Program and will be protected as such.
- I/we understand that we are responsible for notifying the Department of Education and Early Childhood Development if there is a change in our household income or our family situation.

Parent/Guardian	
Name	
Signature	Date (yyyy-mm-dd)
<input type="checkbox"/> Electronic signature option – By checking this box, and entering my name in the signature field above, I certify that this serves as my official signature.	
Witness	
Signature	Date (yyyy-mm-dd)
<input type="checkbox"/> Electronic signature option – By checking this box, and entering my name in the signature field above, I certify that this serves as my official signature.	

How to submit your application

Electronically, by attaching this form along with the **supporting documents listed above**: DCPS-SPPCD@gnb.ca OR

By mail, using the envelope enclosed, to:

SNB ELC-CPE PO Box 5001
Saint John, NB E2L 4Y9

OR

In person, at the Service New Brunswick office in your area. See the list of offices: <http://www.snb.ca/e/2000/2001e.asp>

Please submit this transfer form with your proof of income documents

Appendix C

Proof of Registration in a designated New Brunswick Early Learning Centre or New Brunswick Early Learning Home

Instructions: This form must be completed and signed by an authorized representative of your designated facility.

Name of designated facility	Licence number
Name and title	

The following child/children is/are registered and attending the designated facility as noted above:

Name	Age of child*	Daily Fee	Approved under the Daycare Assistance Program?
	<input type="checkbox"/> Infant <input type="checkbox"/> Pre-school		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Infant <input type="checkbox"/> Pre-school		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Infant <input type="checkbox"/> Pre-school		<input type="checkbox"/> Yes <input type="checkbox"/> No

***Age of child:** Infant – 0 to 23 months Pre-school – 2 to 5 years old, not attending school

Name and signature authorized representative of the designated facility	Date (yyyy/mm/dd)