



## Education and Early Childhood Development

# Parent Subsidy Program Application Form

The Parent Subsidy program helps families by providing financial support to subsidize the costs of early learning and childcare for children in **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 childcare 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.

### 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 resident of New Brunswick; and
- You are either working, in a training or education program or have a special circumstance, as defined in Appendix A; and
- 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 you can use the Parent Subsidy online calculator at: [www.gnb.ca/earlyNB](http://www.gnb.ca/earlyNB) or by registering to the Early Childhood Services Portal at: <https://www.nbed.nb.ca/parentportal/en/>

**Please note:** Once your childcare facility becomes designated, preschool aged children are no longer eligible to receive benefits from the Daycare Assistance Program (DAP). Current DAP clients with preschool aged children **MUST** be transferred to the Parent Subsidy program

### Important: for school-age 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/services/services\\_renderer.14136.html#serviceLocation](https://www2.gnb.ca/content/gnb/en/services/services_renderer.14136.html#serviceLocation)

The personal information provided on this form will be used to administer programs under the *Early Childhood Services Act* and is protected under the *Right to Information and Protection of Privacy Act*.

Are you currently receiving a subsidy under the Daycare Assistance Program through Social Development?

☐ YES ☐ NO

Are you currently receiving a subsidy under the Parent Subsidy Program? ☐ YES ☐ NO

Section A – Parent/Guardian

Parent/Guardian				
Last name		First name		
Marital Status		Citizen Status		
<input type="checkbox"/> Married/Common Law <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>		
Address				
City/ Town		Province		Postal code
Phone number	Cell number		Email	
Parent/Guardian - Reason for Childcare				
<input type="checkbox"/> Working <input type="checkbox"/> Training/Education <input type="checkbox"/> Special circumstances: Please specify:				

Parent/Guardian 2 (if any)				
Last name		First name		
Citizen Status	<input type="checkbox"/> Other			
Phone number	Cell number		Email	
Parent/Guardian - Reason for Childcare				
<input type="checkbox"/> Working <input type="checkbox"/> Training/Education <input type="checkbox"/> Special circumstances: Please specify:				

## Section B - Children Requiring Subsidy

Please indicate each child's needs relative to the Program

### Child 1

Child's Last Name	Child's First Name	Date of Birth (mm-dd-yyyy)
Attendance <input type="checkbox"/> Full-time (4 or more hrs/day) <input type="checkbox"/> Part-time (less than 4 hrs/day)		Days per week in childcare

### Child 2 (if any)

Child's Last Name	Child's First Name	Date of Birth (mm-dd-yyyy)
Attendance <input type="checkbox"/> Full-time (4 or more hrs/day) <input type="checkbox"/> Part-time (less than 4 hrs/day)		Days per week in childcare

### Child 3 (if any)

Child's Last Name	Child's First Name	Date of Birth (mm-dd-yyyy)
Attendance <input type="checkbox"/> Full-time (4 or more hrs/day) <input type="checkbox"/> Part-time (less than 4 hrs/day)		Days per week in childcare

### Child 4 (if any)

Child's Last Name	Child's First Name	Date of Birth (mm-dd-yyyy)
Attendance <input type="checkbox"/> Full-time (4 or more hrs/day) <input type="checkbox"/> Part-time (less than 4 hrs/day)		Days per week in childcare

## Section C – Child Custody

This section is required for parents who are separated or divorced, single, or widowed, and who do not have legal documents to demonstrate legal custody (formal court order, divorce decree, or separation agreement).

Type of Custody
<input type="checkbox"/> Primary Custody (Joint) <input type="checkbox"/> Sole <input type="checkbox"/> Shared: _____ % <input type="checkbox"/> Other
"I hereby declare that I have custody, as indicated above, of the child, _____, (surname, first name), born on _____ (date of birth), _____, (surname, first name), born on _____ (date of birth), _____, (surname, first name), born on _____ (date of birth). _____, (surname, first name), born on _____ (date of birth). I do not have legal documents attesting to the above, but I confirm that the information entered in the Parent Subsidy Program application and the documents provided are accurate to the best of my knowledge. No required information has been deliberately concealed or withheld." <i>*The primary caregiver must live with the child and must be primarily responsible for the child's care and education.</i>
For additional information regarding legal custody, please consult: The Public Legal Education and Information Service of New Brunswick at <a href="http://www.legal-info-legale.nb.ca/en/uploads/file/pdfs/Parenting_EN.pdf">http://www.legal-info-legale.nb.ca/en/uploads/file/pdfs/Parenting_EN.pdf</a>

## Section D – Income

Household annual income: enter the **gross annual income** of the parent/guardian and spouse/partner if applicable. Amount found on line 15000 of your most recent Notice of Assessment provided by Canada Revenue Agency.

Parent/Guardian	Parent/Guardian 2
Gross Annual Income \$ (Before deductions)	Gross Annual Income \$ (Before deductions)

**Note:** Proof of income for each parent/guardian or spouse/partner is required. Refer to the APPENDIX A-Supporting document.

## Section E – 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 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 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 significant change in our household income or changes in child custody by calling 1-888-487-5050 (option 3) or by sending an email to [DCPS-SPPCD@gnb.ca](mailto:DCPS-SPPCD@gnb.ca).

## Section F - Signatures

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

Handwritten Signature	
<b>Parent/Guardian</b>	
Name	Date (mm-dd-yyyy)
<b>Witness</b>	
Name	Date (mm-dd-yyyy)

## How to submit your application

Once your application is complete and all required documents are included, submit your application as follows:

**Electronically**, by attaching this form along with the **supporting documents listed in Appendix A: [DCPS-SPPCD@gnb.ca](mailto:DCPS-SPPCD@gnb.ca)**

OR **By mail to:**

SNB ELC-CPE  
Place 2000 P.O. Box 6000  
Fredericton NB E3B 5H1

OR **In person**, at the Service New Brunswick office in your area, in an envelope addressed to:

SNB ELC-CPE  
Place 2000 P.O. Box 6000  
Fredericton NB E3B 5H1

See the list of offices: <http://www.snb.ca/e/2000/2001e.asp>

## Appendix A- Supporting Documents Required

Each parent/guardian is required to submit the following documentation corresponding with their appropriate circumstance below.

### Proof of Income

- A copy of your most recent Notice of Assessment (line 15000) from the Canada Revenue Agency; OR
- Four most recent paystubs indicating the gross income (before deductions) and the number of hours worked; OR
- A letter from your employer indicating your start date, hourly wage, and the number of working hours per week.

\* Benefit amounts will be calculated based upon Proof of Income documents submitted, therefore choose the option that represents your current income situation.

Circumstance	Required Documentation for Proof of Income	Required Documentation for Proof of Circumstance (Document must be current within the last 30 days)
<b>Employment:</b> Are you working, either full time, part time or self-employed?	For employed parents/guardians: <ul style="list-style-type: none"> <li>• See proof of income listed above</li> </ul>	Proof of employment: <ul style="list-style-type: none"> <li>• Recent Paystub, OR</li> <li>• Letter from the employer that indicates start date of employment</li> </ul> Proof of self-employment: <ul style="list-style-type: none"> <li>• Documentation with registered business number or license number</li> </ul>
<b>Training and Education:</b> Are you enrolled in a training or education program?	For employed parents/guardians: <ul style="list-style-type: none"> <li>• See proof of income listed above</li> </ul> For unemployed parents/guardians: <ul style="list-style-type: none"> <li>• Employment Insurance documentation from Service Canada, OR</li> <li>• Social Assistance documentation, OR</li> <li>• Income will be calculated at \$0</li> </ul>	Proof of enrollment: <ul style="list-style-type: none"> <li>• A letter from training provider demonstrating proof of enrollment at the time of the application.</li> </ul>
<b>Special Circumstance:</b> Do you have a special circumstance requiring childcare services, such as a medical reason you are unable to care for your child or a referral from a Developmental Childcare Program to support a child's development?	For employed parents/guardians: <ul style="list-style-type: none"> <li>• See proof of income listed above</li> </ul> For unemployed parents/guardians: <ul style="list-style-type: none"> <li>• Employment Insurance documentation from Service Canada, OR</li> <li>• Social Assistance documentation from Case Worker, OR</li> <li>• Income will be calculated at \$0</li> </ul>	For medical reasons: <ul style="list-style-type: none"> <li>• A referral letter from a family physician or nurse practitioner stating the number of hours per week when childcare is required, and the duration of the medical treatment for the parent.</li> </ul> To support a child's development: <ul style="list-style-type: none"> <li>• A referral letter from a Development Childcare Program recommending the amount of time childcare is required.</li> </ul>
<b>All parents/guardians are required to submit:</b> <ul style="list-style-type: none"> <li>• Proof of Registration in a New Brunswick Early Learning Centre or New Brunswick Early Learning Home (Appendix C)</li> </ul>		

## Appendix C

Proof of Registration in a 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.

<b>Name of designated facility</b>	<b>Licence number</b>
<b>Name and title</b>	

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

<b>Child's Name</b>	<b>Age of child*</b>	<b>Days per week</b>	<b>Daily Fee</b>	<b>Approved under the Daycare Assistance Program?</b>
	<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
	<input type="checkbox"/> Infant <input type="checkbox"/> Pre-school			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>*Age of child:</b> Infant – 0 to 23 months    Pre-school – 2 to 5 years old, not attending school				

<b>Name and signature of an authorized representative for the New Brunswick Early Learning Center or New Brunswick Early Learning Home</b>	<b>Date (mm-dd-yyyy)</b>
By checking the box and entering my name below, I certify that this serves as my official signature. <input type="checkbox"/>	