

**Sporadic Calendar**

Name of Parent/Guardian: \_\_\_\_\_  
 Name of Child(ren): \_\_\_\_\_  
 Agency/Provider: \_\_\_\_\_  
 Month: \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Directions:** fill out work hours (the case manager will include reasonable transportation time). Please indicate if extra travel time is required. Periodically, recent pay stubs will be requested to back up the child care that we have provided.

**I/We certify that all the above information is true and correct. I/We understand that, in the event that I/we misrepresent my/our circumstances, my/our file would be subject to a Fraud Review.**

\_\_\_\_\_  
 Name of Provider (print)                      Signature of Provider                      Signature of Applicant

\_\_\_\_\_  
 Date    Date    Date

**Notice with Respect to the Collection of Personal Information  
(Municipal Freedom of Information and Protection of Privacy Act)**

The personal information on this form is collected under the legal authority of section 71(1) of the Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1 (the "Act") and section 9 of Ontario Regulation 138/15 under the Act. Personal information will be used by Social Services Division staff for the purpose of administering subsidized childcare in the City and County of Peterborough, as well as any other services and programs prescribed or authorized under this Act. For more information contact the Manager of Children's Services, or designate, at 178 Charlotte St, Peterborough, ON K9J 8S1 or by email at [socialservices@peterborough.ca](mailto:socialservices@peterborough.ca)