



Child Care Expense Form

MEMBER'S NAME: _____

COURSE DATE(S): _____

NAME OF CHILD/CHILDREN **DATE OF BIRTH**

NAME & PHONE NUMBER OF THE PERSON LOOKING AFTER YOUR CHILD/CHILDREN DURING THE EVENINGS WHILE YOU ARE AWAY:

HOW MUCH DO YOU NORMALLY PAY FOR CHILD CARE EACH WEEK? _____

HOW MUCH WILL YOU PAY FOR CHILD CARE WHEN YOU ARE AWAY? _____

CHILD CARE EXPENSES WILL BE PAID FOR ONLY THE “ADDITIONAL CHILD CARE COSTS OVER & ABOVE THE REGULAR COSTS YOU NORMALLY PAY” WHILE ATTENDING ANY UNION BUSINESS.

OFFICE USE

AUTHORIZED BY: _____ **DATE:** _____

AMOUNT PAID: _____ **CHEQUE #:** _____

COMPLETE THE FORM AND FAX BACK (905) 875-0443