



Child Care Expense Form

MEMBER'S NAME: _____

COURSE DATE(S): _____

NAME OF CHILD/CHILDREN

DATE OF BIRTH

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

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

CHILD CARE EXPENSES WILL BE **PAID DIRECTLY TO THE PERSON** WHO IS WATCHING YOUR CHILD/CHILDREN FOR THE EXPENSES COVERING ONLY THE **“ADDITIONAL CHILD CARE COSTS OVER & ABOVE THE REGULAR COSTS YOU NORMALLY PAY”** WHILE YOU ARE ATTENDING ANY UNION BUSINESS.

NAME OF BABYSITTER: _____

PHONE NUMBER: _____

MAILING ADDRESS: _____

BABY SITTER'S SOCIAL INSURANCE NUMBER: _____

(MUST BE COMPLETED FOR REVENUE CANADA)

ALL DAYCARE MUST BE PRE-APPROVED BY THE UNIFOR LOCAL 414 PRESIDENT

COMPLETE THE FORM & EMAIL TO: dmugford@uniforlocal414.ca