

**UNIFOR SKILLED TRADES  
UNION EDUCATION  
CHILD CARE SUBSIDY FORM**



Student Name: \_\_\_\_\_

Local: \_\_\_\_\_ Unit/Company: \_\_\_\_\_

Course & Date: \_\_\_\_\_

**\*\*Note\*\* We only provide Financial Assistance for Additional Expenses over and above what you normally pay for child care during the week.**

Name of Child

Birth Date

_____	_____
_____	_____
_____	_____
_____	_____

Educational Programs

a) Normal daily child care expense \$ \_\_\_\_\_

b) Additional daily child care expense \$ \_\_\_\_\_

Reason for Claim: \_\_\_\_\_

Student Signature: \_\_\_\_\_

WE HEREBY AUTHORIZE CHILD CARE SUBSIDY TO BE PAID ON BEHALF OF THE ABOVE STUDENT.

Local Union Verification: \_\_\_\_\_

Print Name & Title – President, Financial Secretary, Chairperson

Date: \_\_\_\_\_

Signature of President, Financial Secretary, Chairperson

**PLEASE E-MAIL TO [Carmen.Stefanich@unifor.org](mailto:Carmen.Stefanich@unifor.org) or FAX IN  
ADVANCE OF COURSE DATES TO: (519)389-3845**

**Attention: Carmen Stefanich**