

**PEL ONE & TWO WEEK PROGRAMS
CHILD CARE SUBSIDY FORM**

STUDENT NAME: (please print) _____ **Signature:** _____

Local Union #: _____ **Company Name:** _____

Course Name: _____ **Course Date:** _____

NAME OF CHILD/CHILDREN

DATE OF BIRTH

(mm/dd/yy)

(mm/dd/yy)

(mm/dd/yy)

a) What do you normally pay for child care each week? _____
b) What are you paying for child care this week while at PEL? _____

The PEL program Guidelines stipulate that only **"Additional Child Care costs (over and above "Regular" costs)** arising from participation in a PEL program will be covered upon receipt of proper authorization forms."

REASON FOR CLAIM: _____

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

Local Union Verification: _____

(Print Name & Title - President, Financial Secretary or Chairperson)

Date: _____

(Signature - President, Financial Secretary or Chairperson)

PLEASE MAIL OR FAX IN ADVANCE OF COURSE DATE

PEL PROGRAM - 115 SHIPLEY AVE. PORT ELGIN ON N0H 2C5 OR FAX# 519-389-3845