



Education and Early Childhood Development

Invoice and Enrollment Summary Family Child Care Initiative – Infant Stimulus Grant

Under the authority of Section 32c of the Access to Information and Protection of Privacy Act, personal information is collected in order for processing, handing and insurance of the Family Child Care Initiative - Infant Stimulus Grant in accordance with the information supplied on this form. This information is kept confidential and handled as required by the Access to Information and Protection of Privacy (ATIPP) Act.

From (Name of Provider): _____

Address (including postal code): _____

Vendor #: _____ Business # (if applicable): _____

Invoice for the month/year of: _____

Child's Initials	Date of Birth (mm/dd/yyyy)	Full-time or Part-time	# Days	Comments: Include any other pertinent information here if applicable (see guide to completion for examples)	Amount Requested (maximum \$200/child)
Total					

My signature confirms that:

- I have charged each family no more than \$44 per day, per infant, with no other type or amount of fees charged; and,
- the above information is true and accurate to my knowledge.

Signature of Provider: _____ Date: _____

Submit invoice to:

Family Child Care Initiative
c/o Program Consultant, Division of Family and Child Development
Department of Education and Early Childhood Development
3rd Floor West Block, Confederation Building
P.O. Box 8700, St. John's, NL, A1B 4J6
Fax Number: 709-729-1400

For Agency/EECD use only:
Signature of agency/regional staff: _____ Date: _____

Guide to Completion: The **Invoice and Enrollment Summary** form is for the purpose of claiming the Infant Stimulus grant based on the *enrollment* of infants (not on daily attendance). The following provides clarification for completion of the form:

- **Infant Initials:** For privacy reasons full names are not to be included on the invoice.
- **Date of Birth:** Enter each child's date of birth in the format month/day/year. Spaces for children who turn two years of age during the month claimed are eligible up to the child's birthday. Children over age two should not be included on the form unless their birthday occurred during the month claimed.
- **Full or Part-time:** *Enrollment* should be indicated by FT or PT. Part-time is defined as half days and/or fewer than 5 full days a week. This section reflects the agreement between you and the parent – it does not change based on attendance.
- **Comments:** Details are only required if *enrollment* changes during the month. If the family child care home opened or closed during the month, or if a child's enrollment started or ended during the month, include the date and reason for the change.
- **Amount Requested per Child:** The amount requested per child is not to exceed \$200 per month.
 - a) **Enrolled Full-Time:** Claim \$200 for each child who is enrolled full-time.
 - b) **Enrolled Part-Time:** Claim \$5 per half day enrolled or \$10 per full day enrolled if enrolled fewer than 5 days per week.
 - c) **Enrolled During the Month:** Claim \$5 per half day enrolled or \$10 per full day enrolled (if enrolled fewer than 5 days per week) from the date the child started up to the end of the month.
 - d) **Withdrew During the Month:** Claim \$5 per half day enrolled or \$10 per full day enrolled (if enrolled fewer than 5 days per week) from the beginning of the month up to the withdrawal date of the child.
 - e) **Family Child Care Home Opens During the Month:** Claim \$5 per half day enrolled or \$10 per full day enrolled (if enrolled fewer than 5 days per week) for each child from the date the family child care home opened up to the end of the month.
 - f) **Closure of Family Child Care Home:** Claim \$5 per half day enrolled or \$10 per full day enrolled (if enrolled fewer than 5 days per week) for each child from the beginning of the month up to the date of closure.
 - g) **Family Child Care Provider's Vacation:** Claim as per (a) or (b) above if parents continue to pay fees during the FCCP's vacation. If parents do not pay fees during the vacation period claim as per (e) or (f) above as applicable.
- **Signature Section:** The family child care provider must complete the form and sign the declaration as indicated.

Submitting the Invoice and Enrollment Summary Form for Payment:

- The **Family Child Care Provider** will submit a **clear legible** completed and signed *Invoice and Enrollment Summary Form* to their Agency /Regional EECD Office or staff as of the first day of the month to claim for the previous month. Delays in submitting invoices may result in a delay in payment.
- The **Agency /Regional EECD staff** will stamp the form with the date received and will verify the information in the form by signing and dating the appropriate section. The form will then be mailed, emailed - **pdf format only**, faxed or hand-delivered by the agency or regional office to:

Family Child Care Initiative
c/o Program Consultant, Division of Family and Child Development
Department of Education and Early Childhood Development
3rd Floor, West Block, Confederation Building, P.O. Box 8700, St. John's, NL, A1B 4J6
Fax Number: 709-729-1400