

Date: _____

Application for Child Care Costs Reimbursement

Student Information (Please print clearly)

Name: _____

Student Number: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Number of Children: _____

Age (s) of Children: _____

Activity Information (If you have a flyer, poster or web link please attach the information.)

Activity title/description

Date and time of activity

U of T Organization Name (if applicable)

Organization e-mail address

Organization phone number



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