



Akwesasne Career & Employment Support Services

PO BOX 965, Cornwall, Ontario K6H 5V1
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www.acesjobs.ca

DEPENDANT CARE FORM

Parent/Guardian: _____

Day Care/Baby Sitter: Akwesasne Child Care
 Individual Name: _____

Address: _____

Phone: _____

CHILD NO. 1							
Child's Name:				Age:			
Number of Hours of Care required per day:						Hourly Rate:	Weekly Rate:
MON	TUES	WED	THURS	FRI	SAT/SUN		

CHILD NO. 2							
Child's Name:				Age:			
Number of Hours of Care required per day:						Hourly Rate:	Weekly Rate:
MON	TUES	WED	THURS	FRI	SAT/SUN		

CHILD NO. 3							
Child's Name:				Age:			
Number of Hours of Care required per day:						Hourly Rate:	Weekly Rate:
MON	TUES	WED	THURS	FRI	SAT/SUN		

MUST BE SIGNED BY THE CHILDCARE PROVIDER (Baby Sitter):

Signed: _____ Date: _____