

HAMILTON & DISTRICT LABOUR COUNCIL DEPENDENT CARE EXPENSE FORM



Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *Province* *Postal Code*

Phone: _____ Email _____

Meeting: Labour Council / /2014 Committee / /2014

Union Name & Local #: _____

Dependents Name: _____ Age: _____

Dependents Name: _____ Age: _____

Dependents Name: _____ Age: _____

Dependents Name: _____ Age: _____

Dependents Name: _____ Age: _____

Dependents Name: _____ Age: _____

Return All Forms To:

**Dependent Care Expense Form
Hamilton & District Labour Council
210-1130 Barton Street East
Hamilton, ON L8H 7P9
hdlc@cogeco.net**

Signature

Signature of Parent/Official Guardian

Date: _____