

# 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: \_\_\_\_\_