

**CHILD CARE VOUCHER**  
**Westwood Place Co-operative Homes Inc.**

**Name (print):** \_\_\_\_\_

**Unit #:** \_\_\_\_\_

**Name(s) and Age(s) of Child(ren):** \_\_\_\_\_

**Name of Child Care Provider:** \_\_\_\_\_

*I am applying for childcare expenses. I attended the \_\_\_\_\_ on \_\_\_\_\_ . As the maximum amount the co-op will reimburse me for childcare is 5.00 per hour, I am applying for \_\_\_\_\_ .*

*Signature:* \_\_\_\_\_

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