



E.T.F.O.
Niagara

DEPENDENT CARE FORM

Paid to: _____ for dependent care services.

_____ (hours) x _____ (hourly rate) = _____ (Total)

Meeting/Event: _____ Date: _____

Caregiver: _____ ETFO Member: _____
(Signature) (Signature)

Workplace/School: _____

Cheques will be made payable to the ETFO member unless otherwise specified.

Please send to the ETFO Office, Attention: Treasurer



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