

Each natural person must complete and sign a Schedule 1 - Declaration of Related Persons and attach any relevant documents. All the Declarations must be attached to the form. Please read this declaration carefully and enter the information requested in each subsection.

Surname and first name of the person to whom this declaration applies:		<u>-</u>						
Division (establishment) number (if known):			Québec Enterprise Number (NEQ):					
Che	Check $()$ the situation(s) that describe you:							
		I AM NOT RELATED TO A NATURAL PERSON, LEGA shares) or officer of a subsidized day care centre. (Please sign	L PERSON OR PARTNERSHIP, as defined in Section 3(2) of the Act, that is acting directly or indirectly and date this declaration)	as a director, shareholder (10% or more of the				
Fan	ily r		relationships considered are: spouse, child, child of your spouse, father, mother, uncle, aunt, brother,	sister, spouse of your brother or sister.				
			PERSON NAMED ABOVE WHO OWNS A SUBSIDIZED CHILD CARE CENTRE, BUT I AM NOT					
0	Ш	or indirectly involved with that person in the operation or m <i>Economic Benefits</i> on the next page and attach relevant supporting	anagement of a subsidized child care centre. (Please fill in <i>Table 1 - Description of Family Relationships</i> and <i>Tab</i> documents. Please sign and date this declaration)	ole 2 - Description of the Nature of Involvement and				
			whom I have a family relationship is the operator of a subsidized daycare centre and participates with me					
management of a subsidized daycare centre. (Please fill in <i>Table 1 - Description of Family Relationships</i> and <i>Table 2 - Description of the Nature of Involvement and Economic Benefits</i> on the next page. Please sign declaration)								
2	П		h whom I have a family relationship controls (directly or indirectly holds voting shares of) a legal person the iption of the Nature of Involvement and Economic Benefits on the next page. Please sign and date this declaration)	hat owns a subsidized daycare centre. (Please fill in				
			whom I have a family relationship has granted me (directly or indirectly) a security, loan or other econom					
3	Ш	a subsidized daycare centre or the financing of its activities. date this declaration)	(Please fill in Table 1 - Description of Family Relationships and Table 2 - Description of the Nature of Involvement and	nd Economic Benefits on the next page. Please sign and				
			tly or indirectly) to a natural person with whom I have a family relationship a security, loan or other econo					
4			es. (Please fill in Table 1 - Description of Family Relationships and Table 2 - Description of the Nature of Involvemen	at and Economic Benefits on the next page. Please sign				
Dor	tnore	and date this declaration) hip contracts - section 3(2)(b)of the Act						
5			whom I am in partnership owns a subsidized daycare. (Please fill in Table 3 - Partnership Contract or Related	Legal Person. Please sign and date this declaration)				
6		I AM A RELATED PERSON because a partnership (e.g. ge this declaration)	eneral partnership) in which I am a partner owns a subsidized daycare. (Please fill in Table 3 - Partnership Con	ntract or Related Legal Person. Please sign and date				
Sub	sidiz		s return applies - sections $3(2)(c)$, $3(2)(d)$ and $3(2)(e)$ of the Act					
7		I AM A RELATED PERSON because a legal person in whi Please sign and date this declaration)	ch I directly or indirectly hold voting shares is the owner of a subsidized daycare centre. (Please fill in Table	e 3 - Partnership Contract or Related Legal Person.				
8			ch I am a director or officer owns a subsidized daycare centre. (Please fill in Table 3 - Partnership Contract or	Related Legal Person. Please sign and date this				
Sec	Security, loan or other economic benefit - section 3(2)(f) of the Act							
			er than a related person described in the Family Relationships section) or legal person (other than a financi					
9			or other economic benefit related to the establishment of a subsidized daycare centre or the financing of its	activities. (Please fill in Schedule 4 - Security, Loan				
		or Other Economic Benefit Received or Given. Please sign and date	e this declaration) tly or indirectly, to a natural person (other than a related person as described in the <i>Family Relationships</i> se	action) or local person who is the owner of a				
10			be benefit related to the establishment of a subsidized daycare centre or the financing of its activities. (Please					
		Benefit Received or Given. Please sign and date this declaration)	to the control of the substances dupone control of the financing of its detivities. (Flease	In a sericume 1 Security, Louis of Onel Leonomic				

¹Related persons as defined in sections 3, 93.1, 93.2 and 93.3 of the Educational Childcare Act (the Act).

Family Relationships - Information on natural persons with whom you have a family relationship (spouse, child, child of your spouse, father, mother, uncle, aunt, brother, sister, spouse of your brother or sister) and who hold one or more licenses for daycare centres with subsidized spaces.

If you checked any of the situations from 0 to 4, you must fill in the next two tables.

In the table below you must name and describe all persons with whom you have a family relationship, provide explanations and attach any supporting documents on the nature of those relationships.

TABLE 1 - DESCRIPTION OF FAMILY RELATIONSHIPS

	Person (family member	er)	Nature of the family relationship*	Name of [this person's]	Division (establishme	No. of spaces permitted or in
Mr. / Ms.	Surn ame	First name		subsidized daycare centre (use one line per daycare centre)	nt) number of the daycare centre	

^{*} Nature of the family relationship: spouse, child, child of your spouse, father, mother, uncle, aunt, brother, sister, spouse of your brother or sister.

TABLE 2 - DESCRIPTION OF THE NATURE OF THE INVOLVEMENT AND ECONOMIC BENEFITS (including no participation)

Target situation	Enter the surname and first name of the person mentioned above and the corresponding division number (Table 1)			Explain the <u>absence of involvement</u> (direct or indirect) in the operation or management of the daycare centre (situation 0) and <u>attach relevant documents to support this**</u>
(nos. 0 to	Surn ame	First name	Division number	Explain the nature of the involvement in the operation or management of the daycare centre (situation 1 or 2) or the economic benefits received or granted (situation 3 or 4), if applicable

^{**}A sworn statement may be a relevant document justifying the absence of involvement.

Ministère de la Famille (2 of 4)

If you checked any of the situations from 5 to 8 you must fill in the following table.

TABLE 3 - PARTNERSHIP CONTRACT*** OR SUBSIDIZED CHILD CARE CENTRES RELATED (to the person to whom this statement applies)

TABLE 3 - PARTNERSHIP CONTRACT*** OR SUBSIDIZED CHILD CARE CENTRES RELATED (to the person to whom this statement applies)									
Target situation (nos. 5 to 8)	Surname and first name of the natural person or name of the partnership or name of the legal person	Name of the subsidized daycare centre [of this natural person, partnership or legal person] (use one line per daycare centre)	Québec Enterprise Number (NEQ)	Division (establishme nt) number of the daycare centre	No. of spaces permitted or in progress				
_									
		+							

^{*}Examples: partner in a partnership or business partner.

Ministère de la Famille (3 of 4)

Surname and	d first name of	the person to whom this declaration applies:					
		or 10, you must fill in the following table. LOAN OR OTHER ECONOMIC BENI					
Target situati on (nos. 9 and 10)	Surname and first name of the natural person or name of the legal person		Describe the economic benefits received or granted	Name of subsidized daycare centre [of this natural person or legal person] (use one line per daycare centre)	Québec Enterprise Number (NEQ)	Division (establishme nt) number of the daycare centre	No. of spaces permitted or in progress
declare tha	t the informa	tion provided is true, complete and accurate d to the Minister by the person who received	and I understand that a false stateme d it.	ent may result in the suspension or cancellation of all	or part of the gran	t. Any grant rec	eived without
lame of per	rson to whom	this statement applies (please print name):					
ignature:		Di la		Date:			
		DI 14 14 11 411					

