

# Wellington Canada-Wide Early Learning and Child Care (CWELCC) Request for Review Form

## Instructions

Please complete the following form. In addition, please include a letter outlining the rationale for your Request for Review. Included with this letter, please attach all relevant supporting documents (e.g., receipts). Your request cannot be considered until all materials have been submitted.

Send your completed request to [CEYD@wellington.ca](mailto:CEYD@wellington.ca) with 'CWELCC Request for Review' in the subject line.

## Contact Information

|                             |  |
|-----------------------------|--|
| <b>Child Care Operator:</b> |  |
| <b>Programme Name:</b>      |  |
| <b>Contact Name:</b>        |  |
| <b>Email Address:</b>       |  |
| <b>Phone Number:</b>        |  |

## Type of Request for Review

Which of the following decisions applies to your Request for Review? Please check the appropriate box:

- Declined application(s)
- Funding agreement termination
- CWELCC funding calculations

**By printing your name below and selecting the "I Accept" button, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this form.**

|              |  |
|--------------|--|
| <b>Name:</b> |  |
| <b>Date:</b> |  |

I Accept