

Standard First Aid/CPR Level “C” Training
Federation of Foster Families of Nova Scotia & Department of Community Services
Participant Expenses Sheet

Date(s) of Workshop: _____

Location: _____

Your name: _____

Your mailing address: _____

Postal code: _____

Phone Number: _____

Email Address: _____

***Please complete Child Care portion on reverse of this form.**

Date (List each day separately)	Kilometres Travelled	Office Use Only	Lunch (\$15.00 per person)	Child Care (bring forward from back of this form)	Total	
Totals:						

Signature of Participant: _____

Date: _____

Please complete and forward this form to:
Training Program
c/o Federation of Foster Families of Nova Scotia
99 Wyse Road, Suite 350
Dartmouth, NS B3A 4S5

Babysitting Claim

Number of Child(ren)-in-care: _____ **Ages:** _____

Number of Biological/ Adoptive Child(ren)-in-care: _____ **Ages:** _____

Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours	\$10.60/hour 1 st child \$4.00/hour additional children (max of 4 children)

Your Signature: _____

- Children up to 12 years of age: \$10.60 per hour for the first child. The rate for each additional child is \$4 per hour for up to four children per household and a max of 10 hours per day.
- Please note: time relating to babysitting extends from 12:00am-12:00am (i.e. midnight to midnight is one full day). If babysitting is required overnight, this is considered 'respite' which is a maximum of \$56.00 for a 24-hour period.