

# Standard First Aid/CPR Level "C" Training

## Federation of Foster Families of Nova Scotia

### Participant Expenses Sheet

Date(s) of Workshop: \_\_\_\_\_ Location: \_\_\_\_\_

Your name (s): \_\_\_\_\_

Your mailing address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

| Date (List each day separately) | Kilometres Travelled | Mileage (\$0.5838/km)<br>Multiply km x mileage rate | Lunch (\$15.00 per person) | Child Care (bring forward from back of this form) | Total |
|---------------------------------|----------------------|---|----------------------------|---|-------|
|                                 |                      |   |                            |   |       |
|                                 |                      |   |                            |   |       |
|                                 |                      |   |                            |   |       |
|                                 |                      |   |                            |   |       |
|                                 |                      |   |                            |   |       |
| <b>Totals:</b>                  |                      |   |                            |   |       |

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 submitting for: \_\_\_\_\_

Number of Biological/Adoptive Child(ren) submitting for: \_\_\_\_\_

| Date | From (a.m. or p.m.) | To (a.m. or p.m.) | Number of Hours | \$10.60/hour 1 <sup>st</sup> child.<br>\$4.00/hour additional children/youth/adult |
|------|---------------------|-------------------|-----------------|--|
|      |                     |                   |                 |  |
|      |                     |                   |                 |  |
|      |                     |                   |                 |  |
|      |                     |                   |                 |  |
|      |                     |                   |                 |  |
|      |                     |                   |                 |  |
|      |                     |                   |                 |  |

Your Signature: \_\_\_\_\_

**Children, youth and or dependent adults who cannot be left unattended:**

- \$10.60 per hour for the first child.
- \$4 per hour for each additional child.
- There shall be a limit of 2 full days (48 hours max).