



**Federation of Foster Families of Nova Scotia  
Standard First Aid/CPR Level C Training  
Participant Expense Claim Form 2026-2027**

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

Workshop: \_\_\_\_\_ Standard First Aid/CPR Level C & AED Training \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Your Expenses:**

**\*Please complete child care portion on the reverse of this form.**

Date (list each day separately)	Kilometres Travelled	Total Travel Cost (multiply .5932¢ x km travelled)	Child Care (bring forward from back of form)	Lunch (\$17.00)	Miscellaneous (must explain below & attach receipts)	Total
<b>Totals:</b>						

Explanation of miscellaneous items: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date submitted: \_\_\_\_\_

**Please submit to: Training Department  
c/o Federation of Foster Families of Nova Scotia  
99 Wyse Road, Suite 350, Dartmouth, NS  
B3A 4S5**



## Babysitting Claim

Number of biological/adoptive children/adults (**needing care today**) \_\_\_\_\_

Number of children in care (**needing care today**) \_\_\_\_\_

**Children, youth or dependant 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).

Date	From (a.m. or p.m.)	To (a.m. or p.m.)	Number of Hours (Max 48 hours)	Rate \$10.60/hour 1 <sup>st</sup> child. \$4.00/hour additional children/youth	Total (Number of hours x Rate)

**Participant signature:** \_\_\_\_\_