



Child Care Centre Annual Operating Budget

Name of Centre: _____

Address of Centre: _____

Licensed number of spaces: _____

Expenditures

Actual

(as per financial statements)

Projected

Date ____/____/____
Year Month Day

Date ____/____/____
Year Month Day

to

to

Date ____/____/____
Year Month Day

Date ____/____/____
Year Month Day

I Staff services

- include the name or shift and wages of each staff member.
- include coverage for extra staff required due to vacation and illness.

Director _____

\$ _____

\$ _____

Supervisor(s) _____

Child care workers:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

10) _____

11) _____

12) _____

13) _____

14) _____

15) _____

Casual: _____

Bookkeeper: _____

Cook: _____

Janitor: _____

Other: _____

(I) Sub-total

\$ _____

\$ _____



II Staff benefits

Actual
(as per financial statements)

Projected

Vacation Pay	\$ _____	\$ _____
Canada Pension Plan	_____	_____
Unemployment Insurance	_____	_____
Workers' Compensation	_____	_____
Sick leave	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
(II) Sub-total	\$ _____	\$ _____

III Professional Development

Memberships	\$ _____	\$ _____
Workshops and conferences	_____	_____
Courses	_____	_____
First Aid/CPR courses	_____	_____
Resource materials (e.g. magazines)	_____	_____
Other _____	_____	_____
Other _____	_____	_____
(III) Sub-total	\$ _____	\$ _____

IV Administration

Accounting costs	\$ _____	\$ _____
Audit fee	_____	_____
Advertising	_____	_____
Board Liability Insurance	_____	_____
Telephone	_____	_____
Office supplies	_____	_____
Bank charges	_____	_____
Travel Allowances	_____	_____
Other _____	_____	_____
Other _____	_____	_____
(IV) Sub-total	\$ _____	\$ _____

V Physical facility

Owned <input type="checkbox"/> Rented <input type="checkbox"/>		
Rent or mortgage (principal and interest)	\$ _____	\$ _____
Taxes	_____	_____
Utilities	_____	_____
Insurance	_____	_____
Building maintenance	_____	_____
Renovations and alterations	_____	_____
Other _____	_____	_____
(V) Sub-total	\$ _____	\$ _____

VI Equipment and furnishings

- craft materials should be included under consumable supplies.

Kitchen equipment

Actual
(as per financial statements)

Projected

\$ _____

\$ _____

Office equipment

Children's furnishings and (cots, shelves)

Children's play equipment

Other _____

(VI) Sub-total

\$ _____

\$ _____

VII Consumable supplies

- include the number of meals and snacks supplied per child daily.
- indicate the daily cost of meals and snacks for one child.

Food - number _____ snacks daily

- number _____ meals daily

Cost per child per day \$ _____ x _____ x 5 days x 52 weeks = yearly cost

of children

\$ _____

\$ _____

Kitchen and cleaning supplies

Toiletry and first aid supplies

Craft and children's activity supplies

Field trips (including transportation)

Other _____

(VII) Sub-total

\$ _____

\$ _____

Total Expenditures (totals of Sections I to VII inclusive) \$ _____ \$ _____

Revenue

I Fees

Revenue from fees in past twelve months

Actual
(as per financial statements)

Projected

Projected revenue

- July and August have been separated as many centres experience lower/higher enrollment during these months
- Occupancy loss takes into account those times when the centre is not operating at capacity

A. September to June

IN spaces x _____ monthly fee x ten months

\$ _____

T spaces x _____ monthly fee x ten months

PS spaces x _____ monthly fee x ten months

SA spaces x _____ monthly fee x ten months

Sub-total

\$ _____

Less occupancy loss of _____ %

(A) Sub-total

\$ _____

B. July and August

IN spaces x _____ monthly fee x two months

\$ _____

T spaces x _____ monthly fee x two months

PS spaces x _____ monthly fee x two months

SA spaces x _____ monthly fee x two months

Sub-total

\$ _____

Less occupancy loss of _____ %

(B) Sub-total

\$ _____

Projected twelve month revenue - Total (A) & (B)

\$ _____

II Child Care Grants

Actual
(as per financial statements)

Projected

Start-up Grant

\$ _____

\$ _____

Early Childhood Services Grant

Support Services Grant

Inclusion Grants

Other _____

(II) Sub-total

\$ _____

\$ _____

III Other Grants (please specify)

\$ _____

\$ _____

(III) Sub-total

\$ _____

\$ _____

IV Other Revenue

Fund Raising

\$ _____

\$ _____

Donations

Other _____

(IV) Sub-total

\$ _____

\$ _____

Total Revenue - Total Sections I to IV inclusive

\$ _____

\$ _____

Less Total Expenditures - (totals of Sections I to VII inclusive)

\$ _____

\$ _____

Surplus/Deficit

\$ _____

\$ _____

Year _____ Month _____ Day _____ Signature of board chairperson _____
Date _____/_____/_____

Year _____ Month _____ Day _____ Signature of board treasurer _____
Date _____/_____/_____