

## **SPECIAL EXPENSES**

	Child 1 Name:	Child 2 Name:	Child 3 Name:	Child 4 Name:
<b>Child Care Expenses as a</b>	Result of			
Employment				
Training for employment				
Illness				
Disability				
Daycare				
Easter school vacation				
March break school vacation				
Christmas school vacation				
Before and after school care				
Long weekend vacation				
Subtotal				

Portion of Medical/Dental Premiums					
Health care					
Extended health care (difference between family and single premium)					
Dental coverage from employment					
Subtotal					

Uninsured Health Expenses					
Orthodontics					
Counselling (psychologist, social worker, psychiatrist, other)					
Physiotherapy					
Occupational therapy					
Speech therapy					
Prescription drugs					
Hearing aids					
Glasses and contact lenses					
Subtotal					



	Child 1 Name:	Child 2 Name:	Child 3 Name:	Child 4 Name:
Extraordinary Education	n Expenses			
Primary school	T '			
Secondary school				
Post-secondary expenses				
RESP contributions				
Tuition, books and supplies				
University and/or college				
expenses				
Subtotal				

Extra-curricular Activity Expenses					
Activity					
Subtotal					

Other			
Other:			
Subtotal			

TOTALS			
SPECIAL EXPENSES GRAND TOTAL	_	_	