



# MANNING REGIONAL CHILD CARE ASSOCIATION

## OUT OF SCHOOL CARE PROGRAM

Phone: 780-836-6259 Office: 780-836-2588

### CHILD APPLICATION FORM

YEAR

Name of Child

Birthdate

Gender  Male  Female

Required Start Date

Days child care is required:

Mon  Tues  Wed  Thurs  Fri

Mornings  Yes  No Afternoons  Yes  No

Drop-off Time

Pick-up Time

#### MOTHER

#### FATHER

Name

Name

Physical Address

Physical Address

Mailing Address

Mailing Address

Postal Code

Postal Code

Home Phone #

Home Phone #

Cellphone #

Cellphone #

Child's Residence  Yes  No

Child's Residence  Yes  No

Employer

Employer

Physical Address

Physical Address

Work Schedule

Work Schedule

Business Phone #

Business Phone #

Email

Email

**LOCAL EMERGENCY CONTACTS (OTHER THAN PARENTS)**

Name   
Phone #   
Physical Address   
Relation to child

Name   
Phone #   
Physical Address   
Relation to child

**Persons other than yourself that are allowed to pick up your child/children:**

Name	Relationship to child
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**\*\*Please note that identification may be asked for by providers before children are released.**

**Persons not allowed access to your child/children:**

Name	Relationship to child
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**HEALTH INFORMATION**

**ALLERGIES:**

Foods       Drugs   
Smoke       Pets   
Other

Do you require a smoke free home?  Yes  No

Does your child have a chronic medical condition?

Please specify:

Does your child take regular medication?  Yes  No

Please specify:

Are your child's immunizations up to date?  Yes  No (\*Note: a copy may be required for child's file)

## CHILD PROFILE

### **Eating Habits:**

Food likes:

Dislikes:

Eating Schedule:

### **Play Habits:**

What activities does your child enjoy the most?

Does your child enjoy book/hearing stories?

Does your child enjoy music?

Child's other interests?

Does your child have any fears that we should be aware of?

How do you know when your child is not feeling well?

How does your child react to new people and new situations?

Other comments: (Please note anything else that may affect the care of your child)

Has your child previously attended Day Home or Day Care?  Yes  No

If yes, where?

Cultural Heritage

Languages spoken at home:

Which school does your child need to be picked up from?

Rosary School

Manning Aurora Composite School (MACS)

## **BOOKING AND CANCELLATION POLICY**

- The cost of care fees for [redacted] school year is [redacted] or [redacted]
- Any time over 9 hours will be charge the hourly rate
- \$10/hr per child for mornings
- Parents will be required to pay a “Confirmed Hour Sheet Fee” \$100 deposit that will be refunded to Parents at the end of the school year if hour sheets have been handed in by the last Friday of each month. For each time a confirmed hour sheet is handed in late, \$20 would be deducted from the refundable fee.
- Parents will be required to pay for their childcare space at the time of booking.
- **Parents will be charged a minimum of one hour.**
- Families with Subsidy will be required to pay their parent portion at time of booking.
- Every fall a registration day will be held before start-up for the year. Application forms can be accessed on the Manning Regional Child Care website: [www.mrcca.net](http://www.mrcca.net)
- Parents will be required to fill out a Parent Confirmed Hour Sheet for the next month’s booking which must be handed in by the last Friday of the same month, along with payment for the days indicated on their Parent Confirmed Hour Sheet.
- It is **imperative** that staff know each day and specifically at the beginning of each month, the numbers of children for planning of activities, staffing, snacks and who they are picking up at the schools.
- No children will be picked up from the schools at the beginning of each month, until the staff has physically received the Confirmed Hour Sheet and payment.
- Last minute text messages or phone calls will not be accepted as confirmation.
- Changes during the month are acceptable as long as staff is contacted, and arrangements agreed upon.
- All outstanding fees will have to be paid for the month before acceptance of next months confirmed hour sheets.
- If Parents exceed their paid timeslot without notification to staff, an additional \$5/15 minutes will apply, to be paid upon picking up child.
- There will be no refunds for cancellation, except in the event of extenuating circumstances. Examples of extenuating circumstances may include job loss, death in the family, etc. Those wishing to apply for a refund must submit a written request to the MRCCA Board for review.
- Should there be a need to cancel; staff must be notified in order to maintain child/staff ratios.
- Extra days or hours, not included on Parent Confirmed Hour Sheet, could be available with notice and payment of those days or hours.
- Short notice spaces will continue to be available with payment made when picking up the child

### **\*ATTENTION PARENT**

**In trying to keep track of which children to pick up at the schools it is very important that staff have an accurate list of children especially at the beginning of each month. When there is a cancellation or an extra day, please call the centre to confirm the change. Please speak with staff in person or by phone at 780-836-6259 to make these changes, do not assume that staff will get a message.**

**Texting Audrey at 780-836-6259 is acceptable only if you have received a reply confirming that she has received your message.**

[redacted]

(Placing your initials here  
will serve as your signature)

[redacted]

Signature of Parent or Guardian

Date



**MANNING REGIONAL CHILD CARE ASSOCIATION  
OUT OF SCHOOL CARE PROGRAM**

**Emergency Medical Waiver**

I, [redacted] authorize staff to give first aid and/or arrange for emergency medical care (transportation and ambulance) for my child in the event that I cannot be contacted immediately. I further consent to pay for all medical expenses deemed necessary in cases of emergency.

[redacted] (Placing your initials here will serve as your signature) [redacted]  
Signature of Parent or Guardian Date

**Chronic Medical Condition**

It has been disclosed to the Early Learning and Child Care Program that [redacted]  
(Child's Name)

has [redacted] and it is agreed that the staff will be required to administer  
(Condition)

[redacted] [redacted] On a daily basis [redacted] When required  
(Medication)

The Staff has received instructions and/or a demonstration of the required care and is able to carry out the procedure. The Parent will keep the Staff updated on any changes of the child's condition or medication and will advise the office of any significant changes to either.

Comments:

[redacted]  
[redacted]

[redacted] (Placing your initials here will serve as your signature) [redacted]  
Signature of Parent or Guardian Date

## Casual Field Trip Consent

I,  give my permission for   
(Parent's Name) (Child's Name)

to participate in routine activities such as walks in the neighborhood, walking to and from school or visits to nearby community playgrounds or facilities:

(Placing your initials here will serve as your signature)   
Signature of Parent or Guardian Date

## Photograph/Video Waiver

I,  give my permission for   
(Parent's Name) (Child's Name)

to be photographed or videoed for the purpose of programming and to promote the Out of School Care Program in the community. Photos may appear in the: Local Newspaper  Yes  No

Facebook  Yes  No

Instagram  Yes  No

(Placing your initials here will serve as your signature)   
Signature of Parent or Guardian Date

## Permission to Apply External Preparations

I,  authorize the Early Learning & Child Care Staff to apply for my  
(Parent's Name)

child, one or more of the following external preparations, in accordance with the directions for use on the container:

- Band-aids
- Antibiotic ointment (Polysporin, Neosporin, etc)
- Insect Repellent
- Sunscreen
- Non-prescription ointment (Vaseline, Lotion, etc)
- Other: Please specify

\*I understand that it is my responsibility to supply the preparations.

(Placing your initials here will serve as your signature)   
Signature of Parent or Guardian Date

## Sharing of Information Consent

I consent to the sharing of child-specific information that will benefit my child, with outside agencies ie, schools, Health Nurse and applicable community organizations.

(Placing your initials here  
will serve as your signature)

Signature of Parent or Guardian

Date