

MANNING REGIONAL CHILD CARE ASSOCIATION

EARLY LEARNING & CHILD CARE CENTER

Phone: 780-836-2588 Cell: 780-836-0213

СНІ	LD APPLICATION	ON FORM		
,	YEAR			
Name of Child				
Birthdate		Gender	Male	Female
Which days will your child be attending	g day care?			
Full time (Over 100 hours)	Preschoo	l Program		
Preschool program (2.5 hours), half da	ny only: Must be potty	trained - 3 yrs		
My child will be attending M	on, Wed, Fri (4 yr old's)	PM Mo	on, Wed, Fri (3 <u>u</u>	yr old's) AM
I am aware that I will be assigned a su	pervision day three tim	es a year	Yes	
I am aware that I will be required to su	pply my child with one	snack for the day	Yes	
I am aware that I will be assigned to su	ıpply a party snack iter	n		
for one of the Special Event days	Yes			
I am aware that I will be expected to pa	articipate in the Cash Ca	alendar fundraiser,	with	
profits going towards supplies and res	ources for the program	s Yes		
Full Time Day Care				
I am aware that I will be required to su	pply my child with two	snacks, following t	he Canada Foo	d
Guide, for the day if they are attending	g full time Day Care	Yes		
Optional nutrition program supply of o	ne hot lunch per day fo	or a cost of \$100/mo	onth Ye	s No
Optional Enrichment Initiative for a cos	t of \$10/month	Yes No		
Required Start Date				
Drop-off Time		Pick-up Time		

03/31/2025

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 THENCENCY CONTAC	
Name	Name
Phone #	Phone #
Physical Address	Physical Address
Relation to child	Relation to child
Persons other than yourself that are allowed to pick up	
Name	Relationship to child
Daveage and allowed access to your shild/shildren.	
Persons not allowed access to your child/children: Name	Relationship to child
Help us to get to know your child. What are his/her favorite th	ings and activities? Does he/she have any special interests?
, is a great and an area may not to the may	
Cultural heritage Lan	guages spoken at home
Luii	03/31/2025

FATHER

MOTHER

HEALTH INFORMATION

ALLERGIES:	
Foods	Drugs
Smoke	Pets
Other	
Does you child have a chronic medical condition?	Yes No
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)
Alberta Health Care Number:	
Doctor's Name:	Phone #
CHILD	PROFILE
Eating Habits:	
Does your child use: Bottle Cup Sp	poon
Food likes:	
Dislikes:	
Eating Schedule:	
Sleeping Habits: For children under 3 years old	
Morning nap time:	Afternoon nap time:
Preferred sleeping equipment: Bed Ma	t Other:
Self Help Skills:	
Feeds self Washes self Brushes of	own teeth Dresses self
Toileting:	
Is your child toilet trained? Yes No	Working on it Has accidents
Does he/she use : A potty chair Toilet se	eat Toilet
Diapers: Disposable Training pants	

3 03/31/2025

Play Hadits:
What is your child's favorite toy?
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 you 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?

TIMES:

Full Time Day Care:

Monday to Friday - 7:30 a.m. - 5:30 p.m.

Open twelve months of the year except for stat holidays, Christmas, Spring breaks and Professional Development Days as outlined in the yearly calendar.

Manning Early Learning & Child Care Center Government Rates - April 1, 2025

Full Time(100-180 hours)						
Ages	DayCare Rates	Affordability Grant	Parent Fee	Nutrition Porgram	Enrichment Initiative	Total Parent Fees
12 months - less than 19 months	\$1,378.00	\$1,051.75	\$326.25	\$100.00	\$10.00	\$436.25
19 months - less than 3 years	\$1,225.00	\$898.75	\$326.25	\$100.00	\$10.00	\$436.25
3 years - less than 4 years	\$1,188.00	\$861.75	\$326.25	\$100.00	\$10.00	\$436.25
4 years - 5 years	\$1,181.00	\$854.75	\$326.25	\$100.00	\$10.00	\$436.25

Preschool Fees				
Time	DayCare Rates	Preschool Fee	Government Grant	Total Parent Fee
Over 100 hours	\$436.25	\$60.00		\$496.25
3 days a week x 2.5 hours		\$300.00	\$100.00	\$200.00

* Minimum hours booked: 1 day=8-9 hours

^{*} Parents will be required to fill out a Registration Parent Confirmed Hour Sheet at the time of registration. Parents will be invoiced on the 15th of each month, for the month's fees, according to their Registration Confirmed Hour Sheet.

^{*} Prepayment of fees is required. Payment for the next month must be handed in by the 25th of the present month. Payment may be made by cheque, cash or by e-transfer to: thelearningtree02@gmail.com

^{*} There will be no refunds for cancellation, except in the event of the 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.

^{*}Parents: Please be advised that space is limited to 60 full-time spaces. Once you have committed to a schedule there may not be space available to increase your schedule later on.

Fees: Children MUST be picked up no later than 5:30 pm. Late charges of \$5.00 per fifteen minutes, or portion thereof, will be charged by the Agency.

Payment is payable to the Early Learning & Child Care Centre and is collected by the Receptionist. A receipt will be issued at the end of each year or upon request.

Parents will be required to pre-pay for their monthly childcare space.

Full time children will be given priority. Please refer to Priority List.

Invoice will be sent around the 15th of each month

Date:

Payment for the next month must be handed in by the **25th** of the present month. Payment may be made by cash, cheque or by E-transfer to thelearningtree02@gmail.com. Parents may hand in post dated cheques also. Additional \$3 fee will be applied if parents pay through Procare app via debit or credit card.

If Parents exceed their paid timeslot without notification to staff, an additional \$5/15 minutes will apply, to be paid upon picking up the 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. Parents will be required to fill out a monthly attendance form to confirm days and times children will be in attendance.

*Note - It is a requirement of the Program that the Parent sign their child/children in and out on the ProCare program.

I have been given, have read a affect my child and me.	nd understood the Parent Handbook, whi (Parent's Initials)	ich outlines policies and procedures that
	ng & Child Care fee schedule and the polic s are due upon booking the space and ar	, , , , , , , , , , , , , , , , , , ,
Parent / Guardian Signature:		(Placing your initials here will serve as your signature)

6 03/31/2025

Manning Early Learning & Child Care The Learning Tree Waitlist Policy

Who can apply?

To be on The Learning Tree waiting list, a parent or legal guardian must complete an application form and provide all required information accurately. A child will be placed on Learning Tree's waiting list once documentation is complete.

The Learning Tree will accept full time spots only (over 100 hours or 3-5 days per week)

A child can be placed on The Learning Tree's waiting list if the child has not yet been born.

Placement on the list?

The order in which children are placed The Learning Tree's waiting list is based on the following factors:

- 1. Date on which the electronic or hand delivered application is submitted and completed accurately, in its entirety
- 2. The requested month childcare would start
- 3. The age group a child would be when they would start at The Learning Tree.
- 4. Whether the application is for a single child or siblings

Parents should register for as early a start date as they would be willing to start at The Learning Tree, i.e., if registered for care to start in February, a family would not be called if a January space becomes available unless all families on the January list decline the space.

If parents defer a space or move the start date to another month, their space on the waiting list will be dependent on the date on which they originally registered for that child to be on The Learning Tree waiting list.

If a space is not available for the month a parent would like to start care, The Learning Tree will automatically move that application to the next month's waiting list. The priority in the next month's waiting list will be based on the date of the original application.

Priority

The Learning Tree gives priority to different groups which effectively moves them up the waiting list. The different tiers of The Learning Tree's waiting list are:

- 1. Staff of Learning Tree: The Learning Tree reserves the right to give priority to Learning Tree Staff members.
- 2. Siblings: siblings of current Learning Tree clients receive priority placement on The Learning Tree's waiting list.
- 3. Priority to full time children

Maintaining the waiting list

The Learning Tree communicates with its waiting list regularly, primarily through email. From time-to-time there may be a call to action in an email requiring the recipient to alert The Learning Tree if they wish to remain on the waiting list. If we do not receive a response within fourteen days of requesting this information, the child may be removed from The Learning Tree's waiting list.

If the parent contacts The Learning Tree after this time period and states that they wish to remain on the waiting list, the application date will be changed to the date that The Learning Tree received this confirmation.

The purpose of this policy is to ensure that The Learning Tree's waiting list is always as accurate as possible so that parents who no longer wish to be on the list can be removed thereby giving parents a more accurate idea of their likelihood of securing a space.

Requests for information

Parents can contact The Learning Tree Site Supervisor, to ask about their child's place on the waiting list. Within 24 hours (or the next business day), the Site Supervisor will let the parent know what number they are on the list for the month they are looking for care.

At this time, the Site Supervisor will let the parent know that this number may change depending on families withdrawing from the waiting list, other members of the waiting list changing their requested start dates, or if priority individuals join the waiting list.

Offering of spaces

Spaces become available when a child graduates from The Learning Tree or when a family terminates care. Parents are required to give one months' notice, prior to the last working day of the month.

Therefore, it is expected that the minimum amount of notice a family will receive about an available space will be 1 month. We endeavour to give parents as much notice as possible if we are aware of upcoming spaces.

Parents of preschool children that are eligible to go to kindergarten in September are required to inform The Learning Tree by last working day in April when their child will be leaving the program.

For waiting list families looking for care between July-September, spaces will begin to be offered mid-May as we can start planning for departures at this time.



Freedom of information and Protection of Privacy, Interview/Photograph/Video Consent and Information Collection Form

Early Learning & Child Care collects, uses, and maintains personal information solely for the purpose of delivering high-quality childcare services. All information collected is protected under the Alberta Freedom of Information and protection of Privacy Act (FOIPP) and the Personal Information Protection Act (PIPA)

_	protection of Privacy Act (FOIPP) and the Personal Information Protection Act (PIPA)
	is participating in Day Care and Preschool activities during the school year
	(Name of Child)
healt	art of our regular program operations, we collect and record information such as developmental progress, h details, and family contact information. This information is essential for the provision of appropriate care ram planning, communication, and ensuring the health and safety of your child.
photo	e may be occasions when the local media (e.g. newspaper) will be present at our activities to take ographs or videos. Consent for use of this information, including visual media, is voluntary and helps us ight program activities and children's achievements.
We m	nay also use children's photos on our private Day Care Facebook page to share updates with parents.
Conse	ent options (Please check all that apply):
	I consent to the collection, use, and storage of personal information by the Early Learning & Child Care Program for the purposes of care provision, program planning, and communication.
	I do not consent to the collection of additional personal information beyond that which is strictly necessary for enrolment.
	I give permission for media to take photographs or videos of my child for reporting on day care activities
	I do not give my permission for media to take photographs or videos of my child.
	I give permission for photos of my child to be placed on the Day Care Facebook Page.
	I do not give permission for photos of my child to be placed on the Day Care Facebook Page.

Name of Parent or Guardian

Signature of Parent or Guardian

9 03/31/2025

Date

(Placing your initials here will serve as your signature)



MANNING REGIONAL CHILD CARE ASSOCIATION EARLY LEARNING & CHILD CARE CENTRE

Emerg	gency Medical Wa	iver	
l,	authorize staff to	o give first aid and/or a	arrange for emergency
medical care (transportation and ambulance) fo	r my child in the eve	nt that I cannot be cor	ntacted immediately. I
further consent to pay for all medical expenses	deemed necessary i	n cases of emergency	
Signature of Parent or Guardian (Placing your initials here will serve as your signature)		D	ate
Chro	nic Medical Condit	ion	
It has been disclosed to the Early Learning and	Child Care Program t	hat	
		(Ch	ild's Name)
has	and it is agree	d that the staff will be	required to administer
(Condition)		_	_
		On a daily basis	When required
(Medication)			
The Staff has received instructions and/or a der procedure. The Parent will keep the Staff updat advise the office of any significant changes to e	ed on any changes o	•	=
Comments:			
Signature of Parent or Guardian (Placing your initials here will serve as your signature)		D	ate

10 03/31/2025

Lasi	ıal Field Trip Consent
Cust	an ricia rrip consein
l,	give my permission for
(Parent's Name) to participate in routine activities such as walks nearby community playgrounds or facilities:	(Child's Name) in the neighborhood, walking to and from school or visits to
 Manning Library Lions Park Rosary School Manning Elementary School Millenium Playground Walks Around Downtown Area Manning mini Gym Skate Park 	a notad lacations, you will be notified an Dressus
*If the children will be going to one of the abov	e noted locations, you will be notified on Procare.
Signature of Parent or Guardian (Placing your initials here will serve as your signature)	Date
Downiesion to	
Permission id	Apply External Preparations
I, (Parent's Name)	authorize the Early Learning & Child Care Staff to apply for my
I, (Parent's Name) child, one or more of the following external pre container: • Band-aids • Antibiotic ointment (Polysporin, Neosporin • Insect Repellant • Sunscreen • Non-prescription ointment (Vaseline, Lotio • Other: Please specify	authorize the Early Learning & Child Care Staff to apply for my parations, in accordance with the directions for use on the , etc)
I, (Parent's Name) child, one or more of the following external pre container: • Band-aids • Antibiotic ointment (Polysporin, Neosporin • Insect Repellant • Sunscreen • Non-prescription ointment (Vaseline, Lotio	authorize the Early Learning & Child Care Staff to apply for my parations, in accordance with the directions for use on the , etc)
I, (Parent's Name) child, one or more of the following external pre container: • Band-aids • Antibiotic ointment (Polysporin, Neosporin • Insect Repellant • Sunscreen • Non-prescription ointment (Vaseline, Lotio • Other: Please specify *I understand that it is my responsibility to sup	authorize the Early Learning & Child Care Staff to apply for my parations, in accordance with the directions for use on the , etc)

11 03/31/2025

Ages and Stages Questionnaires (ASQ) & Sharing of Information Consent

I understand and consent that the staff of Early Learning & Child Care program may use developmental screening tools (Ages & Stages Questionnaires) to assess the overall development of my child.

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.

I understand that ASQ & ASQ-SE are mandatory for registration confirmation.

I understand that after I have handed in my registration forms the ASQ & ASQ-SE forms will be emailed to me to finalize my registration.

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

Date

Mandatory Document Check List

Registration and Consent Forms

ASQ

ASQ - SE

I am interested in knowing more about sponsorship