

MANNING OUT OF SCHOOL CARE PROGRAM

DROP-IN CHILD CARE APPLICATION FORM



YEAR

Name of Child: Birthdate:

Alberta Health Care Number:

Child's Residence: ☐ Same as Mom ☐ Same as Dad

Mother's Name: Father's Name:

Home Phone: Home Phone:

Work Phone: Work Phone:

Cellphone: Cellphone:

Mailing Address: Mailing Address:

Physical Address: Physical Address:

Email Address: Email Address:

Work Schedule Work Schedule

Employer: Employer:

Work Address: Work Address:

Any special instructions regarding the care of the child, i.e. medical, allergies, eating, sleeping, toileting schedules

In the event of an emergency, the parent / guardian can be reached at:

In the event of an emergency where the parent cannot be reached , the parent hereby grants permission for the medical treatment to be obtained from their family doctor or any doctor selected by the staff.

Local Emergency Contacts (Other than Parents)

Name: Name:

Home Address: Home Address:

Relationship: Relationship:

Cellphone: Cellphone:

Person(s) other than yourself that are allowed to pick up your child/children:

Person(s) not allowed access to your child/children:

Fees for child care on a Drop-in basis are as follows:

One hour minimum	
PD Day	
Mornings	

*Parents state the number of hours required on a confirmed hour sheet with signature.

***Late charges of** **, or portion thereof, will be charged by the agency**

Payment is payable to the Manning Out Of School Care Program and is collected by the staff. A receipt will be issued upon request.

***NOTE: It is a requirement of the agency that the parent sign their child/children in and out on the ProCare iPad.**

Parent's Signature

(Placing your initials here
will serve as your signature)

Date