

MANNING OUT OF SCHOOL CARE PROGRAM
DROP-IN CHILD CARE APPLICATION FORM

Name of Child: _____ Birthdate: _____

Alberta Health Care Number: _____ Childs Residence: Same as Mom Same as Dad

Immunizations up to date yes no Allergies _____

Mother's Name: _____ Hm Ph _____ Wk Ph _____ Cell _____

Mailing Address: _____

Street Address _____ Email _____

Hours of Work: _____ Employer: _____ Ph # _____

Father's Name: _____ Hm Ph _____ Wk Ph _____ Cell _____

Mailing Address: same as above or _____

Street Address _____ Email _____

Hours of Work: _____ Employer: _____ Ph # _____

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 medical treatment to be obtained from their family doctor, or any doctor selected by the Staff.*

1. Emergency Contact Person: Name: _____
(Other than parents-local) Home Address _____
Hm ph: _____ Wk ph: _____ Cell _____
Relationship: _____

2. To whom the Day Home Provider may release your child(ren): _____

3. Name of anyone **NOT** allowed access to child: _____

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

One hour minimum \$8.00 per hour

PD Day \$40.00 per day

Mornings \$10/child/hr

Fees: Parents state the number of hours required on a confirmed hour sheet with signature. **Late charges of \$5.00 per fifteen minutes, 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(ren) in and out on the Procure iPad.

Parent's Signature _____ Date: _____