



MANNING REGIONAL CHILD CARE ASSOCIATION

EARLY LEARNING & CHILD CARE CENTRE

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

CHILD APPLICATION FORM 2022 - 2023

Name of Child: _____ Birthdate _____ Male Female

Which days will your child be attending day care?

Full time (5 days/week) Part time Mon Tues Wed Thurs Fri

Preschool, half day only:

My child will **only** be attending Mon, Wed, Fri (4 yr. old's) PM Mon, Wed & Fri (3 yr. old's) AM

I am aware that I will be assigned a supervision day per month: Yes

I am aware that I will be required to supply my child with one snack for the day. Yes

I am aware that I will be assigned to supply a party snack item for one of the Special Event days. Yes

I am aware that I will be expected to participate in the Cash Calendar fundraiser, with profits going towards supplies and resources for the programs. Yes

Part-time & full day Daycare

I am aware that I will be required to supply my child with two snacks, following the Canada Food Guide, for the day if they are attending full day or part time Day Care. Yes

I am aware that if my child is attending full time Day Care, I will supply 2 snacks which will include at least 2 food groups from the Canada Food Guide. The program will supply 1 hot lunch served at noon. Yes

Required Start Date: _____

Drop-off time: _____ Pick-up time: _____

Mother

Father

Name: _____

Name: _____

Street Address: _____

Street Address: _____

Mailing Address: _____ PostalCode: _____

Mailing Address: _____ PostalCode: _____

Home Phone# _____ Cell # _____

Home Phone# _____ Cell # _____

Child's Residence: Yes No

Child's Residence: Yes No

Employer: _____

Employer: _____

Hours of Work: _____

Hours of Work: _____

Business Phone: _____

Business Phone: _____

Email: _____

Email: _____

EMERGENCY CONTACTS (local) – OTHER THAN PARENTS

1. Name: _____

2. Name: _____

Phone: _____

Phone: _____

Street Address: _____

Street Address: _____

Relation to Child: _____

Relation to Child: _____

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

Name	Relationship to child

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

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 things and activities? Does he/she have any special interests?

Cultural heritage _____ Languages spoken at home: _____

HEALTH INFORMATION

Allergies:

Foods/drugs: _____

Smoke/pets: _____

Other: _____

Does your 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 spoon

Food likes: _____

Dislikes: _____

Eating Schedule: _____

Sleeping Habits: *For children under 3 years old.*

Morning Nap Time: _____ Afternoon nap time: _____

Preferred sleeping equipment: bed mat other: _____

Self Help Skills:

feeds self washes self brush 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 seat toilet

Diapers: disposable training pants

Play Habits:

What is your child's favorite toy? _____

What activities does your child enjoy the most? _____

Does your child enjoy books/hearing stories? _____

Does your child enjoy music? _____

Child's other interests? _____

Does your child have any fears 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 – Friday – 7:45 – 5:15

Open twelve months of the year except for stat holidays and Professional Development days

FEE, REGISTRATION & PRIORITY INFORMATION

Manning Early Learning & Child Care Centre – The Learning Tree January 1st, 2022, Child Care Rates using Government Numbers

Full Time	100 -180 hrs -		
Program Costs	1100	1100	1100
	Under 19 months	19 mo. – 3 years	3yrs – 5 yrs.
Affordability Grant	-635	-510	-450
Subsidy –Income under \$119,999	-266	-266	-266
Parent Fees	\$199	\$324	\$384
Program Costs Income under \$60,000	1000	1000	1000
Affordability Grant	-635	-510	-450
Subsidy	-266	-266	-266
Parent Fees – no admin fee	\$99	\$224	\$284
Part Time	50 – 99 hrs		
	Under 19 months	19 mo. – 3 years	3yrs-5 yrs.
Program costs	750	750	750
Affordability Grant	-317.50	-255	-225
Subsidy	-133	-133	-133
Parent Fees	\$299.50	\$362	\$392
Kindergarten	50 – 72 hrs		
	Attending Kindergarten		
Program costs	650		
Affordability Grant	-225		
Subsidy	-133		
Parent Fees	\$292		
	1-49 – hrs – Daily Rate - \$50/day		
	Under 19 months	19 mo. – 3 years	3yrs – 5 yrs.
Program costs	50/day	50/day	50/day
Affordability Grant	0	0	0
Subsidy under \$119,999	?	?	?
Parent fees	\$50 x number of days	\$50 x number of days	\$50 x number of days
Unscheduled days	\$50 per day	\$50 per day	\$50 per day

Administration Fee - \$25 per family

Preschool Fees Starting January 1, 2022
to Reflect the National Child Care Program Funding

Hours	Day Care	Preschool Fees	Total Fees/month
100 – 160 hrs./month	\$384	+ \$50	\$434
50 - 99 hrs./month	\$392	+ \$68	\$460
3 days X 2.5 hrs. Community child		\$180	\$180

****Subsidy is also available to working families with family income less than \$180,000/year.**

Priority List for Acceptance

Acceptance into the Centre will be based on a first come, first serve basis following the criteria below:

1. Children presently in MRCCA programs requesting a full-time space
2. New children requesting a full-time space
3. Children presently in MRCCA programs requesting a part-time space
4. New children requesting a part-time space

****Parents: Please be advised that space is limited to 50 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.

Families with Subsidy will be required to pre-pay their monthly parent portion.

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

Payment for the next month must be handed in by the 25th of the present month. Payment may be made by cheque or by E-transfer to thelearningtree02@gmail.com. Parents may hand in post dated cheques also.

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(ren) in and out on the ProCare program.

I have been given, have read and understood the Parent Handbook, which outlines policies and procedures that affect my child and me. _____
Parent Initials

I am aware of the Early Learning & Child Care fee schedule and the policies regarding collection of fees. I understand that the Parent fees are due upon booking the space and are non-refundable. _____
Parent Initials

Parent/Guardian Signature _____

Date: _____

Freedom of Information and Protection of Privacy,
Interview/Photograph/Video Consent Form for Day
Care Activities

During the normal activities associated with Day Care, local media may attend the activities to take pictures and videos and identify individual children in the media. Information we collect about an individual is considered to be private information according to the *Freedom of Information and Protection of Privacy Act (FOI/PP)* and is not to be disclosed without consent of the individual or their guardian.

_____ is participating in Day Care activities during the 2021 - 2022 School Year.
(Name of Child)

There may be occasions that the local media (newspaper) will be taking photographs and videos. Provision of consent to permit this private information to the local media is voluntary. If consent is not obtained, we will not provide information to report on or identify your child and their achievements.

We will also be using children's pictures on our Facebook page to keep parents up to date on what their child is doing during their day care day. This is a great way for parents to be involved in what their child is doing over the day.

Please check the appropriate statements, sign this form and return to Day Care

- I have read and understand the uses that may be made of the personal information by the media and hereby **provide consent** to allow that information to be used by the media to report on local day care events.
- I have read and understand the uses that may be made of the personal information by the media and hereby **do not provide consent** to allow that information to be used by the media to report on local day care events.
- I **give** my permission for photos of my child to be placed on the Day Care Facebook page.
- I **do not** wish my child's photos to be placed on the Day Care Facebook page.

Signature of Parent or Guardian

Please Print Name

Date

Emergency Medical Waiver

I, _____ authorize staff to give first aid and/or arrange for emergency medical care (and transportation, 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.

Parent/Guardian Signature

Chronic Medical Conditions

It has been disclosed to the Early Learning & Child Care Program that _____
Child's Name
has _____ and it is agreed that the Staff will be required to administer
Condition
_____ On a daily basis 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:

Parent/Guardian Signature

Casual Field Trip Consent

I, _____ give my permission for _____ to
Parent's Name Child's Name
participate in routine activities such as walks in the neighborhood, walking to and from school or visits to nearby community playgrounds or facilities:

1. Manning Library
2. Lions Park
3. Rosary School
4. Manning Elementary School
5. Millennium Playground
6. Walks around Downtown area
7. Manning Mini Gym

If the children will be going to one of the above noted locations, you will be notified on ProCare.

Parent/Guardian Signature

Permission to Apply External Preparations

I _____ authorize the Early Learning & Child Care staff to apply to my child

Parent's Name

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

- Band-aids
- Antibiotic ointment, such as Polysporin, Neosporin, etc
- Insect Repellant
- Sunscreen
- Non-prescription ointment (such as, Vaseline, lotion etc.)
- Other: please specify

*I understand that it is my responsibility to supply the preparations. _____
Parent/Guardian Signature

Ages & 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.

Parent/guardian signature

Date waivers and consents signed: _____

Document Check List

- Registration and Consent Forms
- ASQ
- ASQ- SE
- I am interested in knowing more about subsidies & sponsorships