



# MANNING REGIONAL CHILD CARE ASSOCIATION

## EARLY LEARNING & CHILD CARE CENTER

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

### CHILD APPLICATION FORM

YEAR

Name of Child

Birthdate

Gender

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: Must be potty trained - 3 yrs

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 twice a year

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 Day Care

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**

Name

Street Address

Mailing Address

Postal Code

Home Phone #

Cellphone #

Child's Residence  Yes  No

Employer

Physical Address

Hours of Work

Business Phone #

Email

**FATHER**

Name

Street Address

Mailing Address

Postal Code

Home Phone #

Cellphone #

Child's Residence  Yes  No

Employer

Physical Address

Hours of Work

Business Phone #

Email

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

Name

Phone #

Street Address

Relation to child

Name

Phone #

Street Address

Relation to child

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

Name
<input type="text"/>
<input type="text"/>

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

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

Name
<input type="text"/>
<input type="text"/>

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

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  Brushes 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? [redacted]

What activities does your child enjoy the most? [redacted]

Does your child enjoy book/hearing stories? [redacted]

Does your child enjoy music? [redacted]

Child's other interests? [redacted]

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

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

How does your child react to new people and new situations? [redacted]

[redacted]

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

[redacted]

[redacted]

[redacted]

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

If yes, where?

[redacted]

**TIMES:**

**Full Time Day Care:**

Monday to Friday - 7:45 a.m. - 5:15 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  
New National Child Care Rates + Preschool**

Full Time - 100-180 hours

Age	Program Costs	Affordability Grant	Subsidy Income under \$119,999	Parent Fees
Under 19 months				
19 mo - 3 yrs				
3 yrs - 5 yrs				

Age	Program Costs	Affordability Grant	Subsidy Income under \$100,000	Parent Fees
Under 19 months				
19 mo - 3 yrs				
3 yrs - 5 yrs				

Part Time - 50-99 hours

Age	Program Costs	Affordability Grant	Subsidy Income under \$100,000	Parent Fees
Under 19 months				
19 mo - 3 yrs				
3 yrs - 5 yrs				

Kindergarten - 50-72 hours

Age	Program Costs	Affordability Grant	Subsidy	Parent Fees
5 yrs and above				

Part Time - 1-49 hours (Daily Rate - \$50/day)

Age	Program Costs	Affordability Grant	Subsidy Income under \$100,000	Parent Fees
Under 19 months				
19 mo - 3 yrs				
3 yrs - 5 yrs				

- Unscheduled days - [REDACTED]

\*Administration fee - \$25 per family

\*Parents Confirmed Hour Sheets must be handed in by the middle of the month

\*Once confirmed hours sheets are handed in, We will send out billing and payment and is due by the last wednesday of the month.

\*Minimum hours booked: 1 day = 8-9 hours 8:00 a.m. - 5:00 p.m.

**Preschool fees starting** [REDACTED]

To reflect the National Child Care Program funding

Hours	Day care	Preschool Fees	Total Fees
100-160 hours/month			
50-99 hours/month			
3 days x 2.5 hours Community child			

**\*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 5:15 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.

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 the [learningtree02@gmail.com](mailto:learningtree02@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/children 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's 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's Initials)

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **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.

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
5. The requested number of days per week – 5 days, 4 days, 3 days (M/W/F), 2 days (T/TH)

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 month's 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 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 (FOIPP) and is not to be disclosed without consent of the individual or their guardian.

is participating in Day Care activities.  
(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 give** my permission for photos of my child to be placed on the Day Care Facebook page.

Signature of Parent or Guardian

Date

Name of Parent or Guardian



**MANNING REGIONAL CHILD CARE ASSOCIATION  
EARLY LEARNING & CHILD CARE CENTRE**

**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]

Signature of Parent or Guardian

[redacted]

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]

(Medication)

On a daily basis

When required

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]

Signature of Parent or Guardian

[redacted]

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:

1. Manning Library
2. Lions Park
3. Rosary School
4. Manning Elementary School
5. Millenium 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 Procure.

\_\_\_\_\_  
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 Repellant
- Sunscreen
- Non-prescription ointment (Vaseline, Lotion, etc)
- Other: Please specify

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

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## **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

Date

### **Mandatory Document Check List**

Registration and Consent Forms

ASQ

ASQ - SE

I am interested in knowing more about subsidies and sponsorship