



**MANNING REGIONAL CHILD CARE
ASSOCIATION
OUT OF SCHOOL CARE PROGRAM
Phone: 780-836-2758 Office: 780-836-2588**

CHILD APPLICATION FORM 2020-2021

Name of Child: _____ Birthdate _____ Male Female

Required Start Date: _____

Days child care is required: Monday Tuesday Wednesday Thursday Friday

Mornings Yes No Afternoons Yes No

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

Mother/Guardian

Father/Guardian

Name: _____

Name: _____

Legal/Street Address: _____

Legal/Street Address: _____

Mailing Address: _____

Mailing Address: _____

Postal Code _____ Child's Residence: Yes No

Postal Code _____ Child's Residence: Yes No

Home Ph#: _____ Cell#: _____

Home Ph# _____ Cell#: _____

Employer: _____

Employer: _____

Legal Address: _____

Legal Address: _____

Hours of Work: _____

Hours of Work: _____

Business Phone: _____

Business Phone: _____

Email: _____

Email: _____

EMERGENCY CONTACTS (LOCAL) – OTHER THAN PARENTS

1. Name: _____

2. Name: _____

Phone: _____

Phone: _____

Legal Address: _____

Legal Address: _____

Relation to Child: _____

Relation to Child: _____

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

Name	Relationship to child	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	Name	Relationship to child

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*)

CHILD PROFILE

Eating Habits:

Food likes: _____

Dislikes: _____

Eating Schedule: _____

Play Habits:

What activities does your child enjoy the most? _____

Does your child enjoy books/hearing stories? _____

Does your child enjoy music? _____

Other comments: (please note anything else that may affect the care of your 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: _____

- Has your child previously attended a Day Home or Day Care? Yes No
If yes, Where? _____

- Which school does your child need to be picked up from:
Rosary School Yes
Manning Elementary School Yes
MES Kindergarten Yes

BOOKING and CANCELLATION POLICY 2020/2021

- The cost of care fees for 2020 – 2021 school year:
 - \$8/hr/child
 - \$40/ 9 hr day/child. Any time over 9 hours will be charged the hourly rate
 - \$10/hr per child for mornings
 - Parents will be required to pay a “Confirmed Hour Sheet Fee”. \$100, deposit that will be refunded to Parents at the end of the school year if hour sheets have been handed in by the last Friday of each month. For each time a confirmed hour sheet is handed in late, \$20 would be deducted from the refundable fee.
 - Parents will be required to pay for their childcare space at the time of booking.
- ***Parents will be charged a minimum of one hour.***
- Families with Subsidy will be required to pay their parent portion at time of booking.
- Every fall a registration day will be held before start-up for the year. Application forms can be accessed on the Manning Regional Child Care website: www.mrcca.net
- Parents will be required to fill out a Parent Confirmed Hour Sheet for the next month’s booking which must be handed in by the last Friday of the same month, along with payment for the days indicated on their Parent Confirmed Hour Sheet.
- It is **imperative** that staff know each day and specifically at the beginning of each month, the numbers of children for planning of activities, staffing, snacks and who they are picking up at the schools.

- *Parents will be required to pay a “Confirmed Hour Sheet Fee”. \$100, refundable fee that will be refunded to Parents at the end of the school year if hour sheets had been handed in by the last Friday of each month. For each time, a confirmed hour sheet was handed in late, \$20 will be deducted from the refundable fee.*
- No children will be picked up from the schools at the beginning of each month, until the staff has physically received the Confirmed Hour Sheet and payment.
- *Last minute text messages or phone calls will not be accepted as confirmation.*
- Changes during the month are acceptable as long as staff is contacted, and arrangements agreed upon.
- *All outstanding fees will have to be paid for the month before acceptance of next months confirmed hour sheets.*
- If Parents exceed their paid timeslot without notification to staff, an additional \$5/15 minutes will apply, to be paid upon picking up 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.
- *Extra days or hours, not included on Parent Confirmed Hour Sheet, could be available with notice and payment of those days or hours.*
- Short notice spaces will continue to be available with payment made when picking up the child.

ATTENTION PARENT

In trying to keep track of which children to pick up at the schools it is very important that staff have an accurate list of children especially at the beginning of each month. When there is a cancellation or an extra day, please call the centre to confirm the change. Please speak with staff in person or by phone to make these changes, do not assume that staff will get a message. 780-836-2758 Texting Audrey is acceptable only if you have received a reply confirming that she has received your message. 780-836-6259

Parent/Guardian Signature

Date

MANNING REGIONAL CHILD CARE ASSOCIATION

OUT OF SCHOOL CARE PROGRAM

Emergency Medical Waiver

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

Photograph/Video Waiver

I _____ give my permission for my child to be photographed or videoed for
Parent's Name
the purposes of programming and to promote the Out of School Care Program in the community. Photos may appear: in the local newspaper yes no ; Facebook yes no; Instagram yes no.

Parent/Guardian Signature

Permission to Apply External Preparations

I _____ authorize the Early Childhood 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

Sharing of Information Consent

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

Casual Field Trip Consent

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

Parent/Guardian Signature

Date waivers and consents signed: _____