



Out of School Care Application Package

Mission Statement:

Inclusive, accessible, affordable, quality childcare for all.

Child's Name: _____

TO COMPLETE YOUR APPLICATION:

Please fill out the following application document and initial each page of the Parent Handbook and return it or email it to the Assistant Manager, OOSC. You can obtain a copy of the Parent Handbook from Jasper OOSC or by visiting www.jasper-alberta.com. The handbook found on-line can be initialed electronically and submitted by email to outofschoolcare@jasper-alberta.ca



Emergency Medical Information:

Physician: _____ Health Care#: _____

Are there any allergies, health problems or concerns that we should know about? _____

Ongoing Medication(s): _____

What is the medication taken for? _____

Are the child's immunizations up to date? Yes No

If no, which immunizations are not up to date? _____

*Answer only if you feel comfortable doing so

Medication Permission Form:

This will confirm that I, _____, authorize Wildflowers Childcare: Out of School Care staff to give my child, _____, the following medication(s) in case of an emergency (asthma attack, severe allergies, etc.): _____

anytime it appears to be necessary. The medication will be stored out of reach of children, however not locked so it is easily accessible for staff in case of emergencies. A separate medication form must be completed and signed in addition to this form.

Parent Signature

Date

Emergency Policy:

I understand that in the event of a serious emergency where it is deemed by Out of School Care staff that my child may need health care I _____

Parent Name

authorize the staff to provide First Aid for my child and to provide Health Care Services and treatment.

In the event that an ambulance or professional medical treatment is necessary for illness or injuries sustained, I _____ am responsible for the

Parent Name

cost of the ambulance service for my child _____.

Parent Signature

Date

Permission Form:

I, _____, hereby give permission for my child, _____, to:

Participate in Out of School Care **field trips**. Field trips in this case mean leaving the Out of School Care space by foot/bike and traveling around town accompanied by Out of School Care staff. This would include but is not limited to: playing at playgrounds (school playgrounds, Centennial Park, Firemen's Park and Lion's Park), visiting the Jasper Municipal Library, and visiting the Community Garden.
***Any other field trips require a separate permission form signed, detailing the date, time, destination, transportation and supervision details.**

Yes No

Have **photographs** taken during the OOSC program by either Municipal Staff (for internal use or use for advertising purposes in print or on our website) or by local newspapers.

Yes No

Participate in the Out of School Care swimming trips to the **Jasper Fitness & Aquatic Centre** accompanied by Out of School Care staff.

Yes No

Have **insect repellent** applied by the Out of School Care staff whenever necessary.
***Insect repellent would be provided from parents/guardians.**

Yes No

Have **sunscreen**, provided by the program, applied by the Out of School Care staff whenever necessary.

Yes No

Parent Signature

Date

Release of Information:

Child's Name: _____

Date of Birth: _____
Month Day Year

Address: _____
Box # Street Address Town/City Postal Code

On this _____ day of _____, 20____,
Day Month Year

I _____, the parent of _____ consent to the release and exchange of information for the purpose of individual program planning between Jasper Out of School Care program and the following agencies:

Grande Yellowhead School Division (EJES)

École Desrochers

Alberta Government (Licensing, Subsidy, Grants)

Community Outreach Services

Jasper Community Health and Alberta Health Services

Family Support for Children with Disabilities (FSCD)

Cottage Medical Clinic

Parent Signature

Date
