

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 Records All information is required before your child can attend.

Child's N	ame:	First	Middle	Lact	
Date of B	irth:		Middle Health Care	Last #:	
		DD / MM / YYYY			
Parent/G	uardian's	Name: First	Middle	Last	
Address:		FIRST	міааіе	Last	
	Stre	et Address and Box N	lumber		
Telephon	e:				
	Home	#	Work #	Cell#	
Parent/G	uardian's	Name:			
	aararar 5	Name:First	Midd	le Last	
Address:	Stro	et Address and Box N	lumbor		
	3116	et Address and box N	iuiiibei		
Telephon	e:	#	W(- H	C-11#	
	Home	#	Work #	Cell#	
	parent/gu		,	one else without previous	
Name:					
Relations	ship to the	Child:			
				Cell #:	
Address:					
	Box #	Street	Town/City	Postal Code	
Name:					
Relations	ship to the	Child:			
Work #:_		Home #:		Cell #:	
Address:					
	Box #	Street	Town/City	Postal Code	
Name:					
Work #:_		Home #:		Cell #:	
Address:					
	Box #	Street	Town/City	Postal Code	
Allergies:	.				
		to date: Yes □ No □			
	. 44 =				
Parent/G	uardian S	ignature:		Date:	

Out of School Care Registration

Child's Nar	ne: F				
	F	rirst	Middle	Last	Nickname
Sex: Male	□ Female□	Date of Birth: _ [DD/ MM/ YYYY	Home Telephone:	:
Address: _					
	Box #	Street	Town/Cit	ty	Postal Code
Parent/Gu	ıardian's Na	nme:			
Address: _					
		Street Address	Tov	•	Postal Code
Home #: _				Cell #:_	
Email:					
Parent/Gu	ardian's Na	me:			
Address:					
	Box #	Street Address	Tov	wn/City	Postal Code
Home #:_		Work #:_		Cell #:_	
Email:					
Child resid					
Marital Sta	atus of Pare	nts:			
Married:	Commo	n Law: Single:	Divorced:	Separated:	Widowed:
Custody /	Visiting / Gu	uardianship Arrange	ements (please	explain and provid	e copy of agreement):

This information is being collected for the purpose of Wildflowers Childcare: OOSC Program under the authority of the Community Development Department. It is protected by the privacy provisions of the Freedom of Information and Protection and Privacy Act.

Questions relating to the collection of this information may be referred to the Manager of Childcare Services at (780)852-6517.

Dismissal For children 9 years of age and	older:							
I give my child permission to leave OOSC & Summer Fun independently: Yes No								
If yes, please indicate the follow	ving:							
o Time child may leave:								
○ Where child may go: Lo	cation A	ddress						
Parent Signature	Date							
Distal Supervision: (not applica	able for 5-8 year olds)							
Distal supervision is defined as location-specific, time-limited p	•	•	•					
I give permission for my child to as defined above. I understand reasonable intervals.		•						
Parent Signature	 							

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. Date Parent Signature **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 _____

I,, hereby give permission for	my child,	, to:
Participate in Out of School Care <u>field trips</u> . Field trips Out of School Care space by foot/bike and traveling a Out of School Care staff. This would include but is not playgrounds (school playgrounds, Centennial Park, Fir visiting the Jasper Municipal Library, and visiting the *Any other field trips require a separate permission date, time, destination, transportation and supervisi	round town accompanied by Ilimited to: playing at remen's Park and Lion's Park), Community Garden. form signed, detailing the	s No
Have <u>photographs</u> taken during the OOSC program internal use or use for advertising purposes in print o newspapers.		s No
Participate in the Out of School Care swimming trips t Aquatic Centre accompanied by Out of School Care s		s No
Have <u>insect repellent</u> applied by the Out of School Car *Insect repellent would be provided from parents/gua	Ye re staff whenever necessary.	s No
Have <u>sunscreen</u> , provided by the program, applied by whenever necessary.	Ye the Out of School Care staff	s No
Parent Signature Date	e	

Permission Form:

Release	of Information:								
Child's N	ame:								
Date of B	sirth:								
	Mon	th	Day	Year					
Address:	Box #	Street Addres	SS	Town/City	Postal Code				
On this _	day of	, 20 Month	Year						
and exch	I, the parent ofconsent 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 Yellowh	ead School Divis	ion (EJES)						
	École Desroche	rs							
	Alberta Govern	ment (Licensing,	Subsidy, G	rants)					
	Community Out	reach Services							
	Jasper Commu	nity Health and A	Alberta Hea	alth Services					
	Family Support	for Children with	n Disabilitie	es (FSCD)					
	Cottage Medica	I Clinic							
Parent S	ignature			Date					