



Application Package

Mission Statement:

Inclusive, accessible, affordable, quality childcare for all.

Child's Name: _____

Child's Group: _____



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TO COMPLETE YOUR APPLICATION:

Please initial each page of the Parent Handbook and return it or email it to the Childcare Services Manager, Lisa Daniel. You can obtain a copy of the Parent Handbook from Wildflowers Childcare or by visiting www.jasper-alberta.ca. The handbook found on-line can be initialled electronically and submitted by email to Lisa at: ldaniel@jasper-alberta.ca

Emergency Records

All information is required before your child can attend.

Date: _____

Child's Name: _____

First Middle Last

Date of Birth: _____ Health Care #: _____

DD / MM / YYYY

Child resides with: _____

Child's Address

Parent/Guardian's Name: _____

Address: _____

First Middle Last

Box Number and Street Address

Telephone: _____

Home # Work # Cell#

Parent/Guardian's Name: _____

Address: _____

First Middle Last

Box Number and Street Address

Telephone: _____

Home # Work # Cell#

Emergency Contacts: (People in town to whom child may be released)

Note: Under no circumstances will the child be released to anyone else without previous authorization from the parent/guardian.

Name: _____ Relationship to the Child: _____

Work #: _____ Home #: _____ Cell #: _____

Address: _____

Box # Street Town/City Postal Code

Name: _____ Relationship to the Child: _____

Work #: _____ Home #: _____ Cell #: _____

Address: _____

Box # Street Town/City Postal Code

Name: _____ Relationship to the Child: _____

Work #: _____ Home #: _____ Cell #: _____

Address: _____

Box # Street Town/City Postal Code

Allergies: _____

Ongoing Medications: _____

Immunizations up to date: Yes No

Parent/Guardian Signature: _____ Date: _____

This information is being collected for the purpose of assessment and referral of Wildflowers Childcare under the authority of the Community & Family Services Act. 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.

Child's Siblings:

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Name: _____ Birth Date: _____ Gender: _____

Other people living in your household:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If your child is adopted: Yes No Age at time of adoption: _____

Does your child know? _____

What are your hopes and dreams for your child as they enter Wildflowers? _____

Favourite Activities: _____

Describe any dislikes or fears your child may have: _____

What is your child's usual reaction to guidance/discipline? _____

What are your expectations for your child during their time at the Wildflowers Childcare?

Please describe your child's usual sleeping pattern:

Bedtime (pm): _____ Wakes up (am): _____

Nap Time(s) from: _____ to _____, from _____ to _____, from _____ to _____

Please describe any bedtime/nap-time routines/preferences your child has (i.e. blanket, bottle, soother, co-sleeping, non-napper etc.): _____

Is your child toilet trained? Yes No

Does your child require bathroom assistance? Please explain: _____

Words your child uses for urination: _____
Words your child uses for bowel movement: _____
Please describe any toilet habits your child may have: _____

Does your child dress themselves? _____ Does your child undress themselves? _____
Does your child feed themselves? _____ Is your child left or right-handed? _____

Describe any habits or special articles your child may have (thumb sucking, blanket, bottles, etc.)

Special words your child uses for articles or wants: _____

Please describe and comment on any illness your child has/had: _____

Please describe any major injuries or surgery your child may have had: _____

Is your child on any medications? Yes No

If yes, please specify what the medication is, the reason the child is receiving it, and fill out a medication form: _____

Additional comments you feel we should have related to the care of your child:

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Food Service

We serve a regular daily schedule of one main meal and two snacks. Morning snack will be served starting between 8:45-9:00am, lunch beginning at 11:30 for younger children and 12 noon for older children, afternoon snack will be served around 3:00pm. The program follows the Canadian Food Guide's basic food groups and guide for nutrition for children. We will provide a selection of food from the following food groups: milk and milk products, meat and meat alternatives, breads and cereals, and fruits and vegetables.

For safety reasons, we do require a thorough medical history provided for a child with multiple or severe allergy complications. If your child has multiple or severe allergies, please also submit a medical report outlining these from your physician.

*Formula or other beverages required must be provided by the parent/guardian

Child's name: _____

Allergies: _____

Food Sensitivities: _____

Does your child have a specialized diet, if yes, what is it? (Celiac, Vegan etc): _____

Wildflowers Childcare will provide milk and/or other beverage, please check which your child would prefer:

2% Milk Homo Milk Fortified Soy Beverage Neither

*if you check neither, your child will only have water to drink daily unless something else is supplied by you.

Foods you would like your child to try: _____

Is your child a good eater? _____

What are your child's food preferences? _____

What are your child's food dislikes? _____

Is there anything else we should know about your child's eating habits: _____

**Please talk to your child about the food served at Wildflowers and what to expect before they start. All children will be asked to try the food before refusing to eat it. Food from home will not be served unless child's dietary needs can not be met in our program.

Emergency - Medication Permission

This will confirm that I, _____ (**parent name**) authorize Wildflowers Childcare staff to give my child, _____ the following medication any time it appears to be necessary.

1). _____ against _____
MEDIATION CONDITION

2). _____ against _____
MEDIATION CONDITION

3). _____ against _____
MEDIATION CONDITION

The medication will be stored at Wildflowers Childcare.

PARENT SIGNATURE PRINTED NAME DATE

Health Care/First Aid Permission

I, _____, authorize the Centre staff to seek medical treatment for my child,
PARENT NAME
_____, should staff deem such intervention necessary. Staff with current
CHILD'S NAME

First Aid will provide First Aid as needed and, in case of a medical emergency, an ambulance will be called. I understand that I will be responsible for the cost of such services.

Signature of Parent

Date

Evacuation Transportation Permission

This is only in the event that a parent/guardian or emergency contact is unable to pick up their child during a community wide evacuation and Wildflowers Childcare must evacuate to a location other than the Jasper Activity Centre.

I _____ (**parent name**) hereby give permission to Wildflowers Childcare staff to transport my child _____, to an Assembly point or Reception Centre by personal vehicle or other means of transportation (bus, charter etc.)

Signature of Parent

Date

Photo/Video Permission

I, _____, hereby give permission for my child _____, to participate in the taking of photos/videos. Photos of my child are for display purposes and/or publicity. This includes newspapers and digital use. They also will be shared as part of our ELCC Grant and Accreditation.

Signature of Parent

Date

Sunscreen and Bug Spray Permission

I, _____, give the staff at Wildflowers Childcare permission to apply sunscreen lotion and/or bug spray on my child, _____ whenever necessary.

Signature of Parent

Date

Field Trip Permission

I, _____, hereby give permission for my child _____, to participate in Wildflowers Childcare field trip programs. "Field trip," in this case, means leaving the Centre by foot or bike to visit locations around town accompanied by Centre staff. For example: trips to the local park, swimming, hiking, outings to local businesses etc.

Signature of Parent

Date

Release of Information

Child's Name: _____

Date of Birth: _____
DD / MM / YYYY

Address: _____

On this _____ day of _____, 20____, I _____ the parent/guardian
Date Month Parent

of _____, consent to the release and exchange of information for the purpose of individual support and developmentally appropriate program planning for my child, between Wildflowers Childcare and the following agencies:

- École Jasper Elementary School
- École Desrochers/Les Petits Cailloux
- Alberta Government (Licensing, Subsidy and ELCC Grant)
- Community Outreach Services
- Jasper Community Health and Alberta Health Services
- Cottage Medical Clinic

Signature of Parent

Date

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Payment Information

Invoices will be sent to parents/guardians at the beginning for the month. One months' notice is required to discontinue use of the centre. If you are sharing a space, use the monthly calendar provided to calculate what you will owe for each month. Please note, children sharing a spot must be the same age/developmental stage and be in the same room. The calendar needs to be submitted before the month begins to ensure accurate invoicing. The calendar also helps Wildflowers Childcare staff plan for when children will be dropped off and picked up. You can pick up a calendar at the Centre or fill one out on-line. Once filled out, calendars can be emailed, or dropped off at the Centre. Email to wildflowerschildcare@jasper-alberta.ca or Lisa Daniel ldaniel@jasper-alberta.ca

You'll find the calendar here:

There are a few options for making payments:

1). ON-LINE

- Payments can be made through on-line banking at your banking website

2). BY CREDIT CARD AUTOMATICALLY

- You can fill out a credit card pre-authorization form to facilitate payments going on your credit card automatically each month. Request a form by emailing wildflowerschildcare@jasper-alberta.ca

3). IN PERSON:

- At the Municipality of Jasper Administration office (in the Activity Centre on the side closest to the school). Hours: M-F, 8:30am -12pm and 1pm -4:30pm.

Things to Consider:

- All bookings and shared spaces are to be done before the month begins.
- Any days cancelled once bookings/payments have been made are non-refundable and non-transferable.
- You might qualify for funding from the Alberta Government. It's called Alberta Childcare Subsidy and you can apply online at www.alberta.com. If you have questions about your application or subsidy, call the Alberta Government at: 1-877-644-9992. If you would like assistance applying for subsidy or inquiring about your subsidy, an Outreach Worker at Community Outreach Services can help. Call 780-852-2100.