



## **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](http://www.jasper-alberta.com). The handbook found on-line can be initialed electronically and submitted by email to [outofschoolcare@jasper-alberta.ca](mailto:outofschoolcare@jasper-alberta.ca)



## Emergency Records

All information is required before your child can attend.

Child's Name: \_\_\_\_\_  
                                First                          Middle                          Last

Date of Birth: \_\_\_\_\_ Health Care #: \_\_\_\_\_  
                                DD / MM / YYYY

Child resides with: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
  First                          Middle                          Last

Address: \_\_\_\_\_  
                                Street Address and Box Number

Telephone: \_\_\_\_\_  
                        Home #                          Work #                          Cell#

Parent/Guardian's Name: \_\_\_\_\_  
  First                          Middle                          Last

Address: \_\_\_\_\_  
                                Street Address and Box Number

Telephone: \_\_\_\_\_  
                        Home #                          Work #                          Cell#

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**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: \_\_\_\_\_

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# Out of School Care Registration

Child's Name: \_\_\_\_\_  
                                First                                Middle                                Last                                Nickname

Sex: Male  Female       Date of Birth: \_\_\_\_\_      Home Telephone: \_\_\_\_\_  
  DD/ MM/ YYYY

Address: \_\_\_\_\_  
                Box #                  Street                  Town/City                  Postal Code

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**Parent/Guardian's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
                Box #                  Street Address                  Town/City                  Postal Code

Home #: \_\_\_\_\_                                  Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

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**Parent/Guardian's Name:** \_\_\_\_\_

Address: \_\_\_\_\_  
                Box #                  Street Address                  Town/City                  Postal Code

Home #: \_\_\_\_\_      Work #: \_\_\_\_\_      Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

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Child resides with: \_\_\_\_\_

**Marital Status of Parents:**

Married:      Common Law:      Single:      Divorced:      Separated:      Widowed:

**Custody / Visiting / Guardianship Arrangements (please explain and provide copy of agreement):**

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This information is being collected for the purpose of Wildflowers Childcare: OOSC Program under the authority of the Community & Family Services 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 following:

- Time child may leave: \_\_\_\_\_
- Where child may go: \_\_\_\_\_  

Location
Address

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Distal Supervision: (not applicable for 5-8 year olds)**

Distal supervision is defined as intermittent, direct supervision by a staff where there is a planned, location-specific, time-limited program activity for children 9 to 12 years of age.

I give permission for my child to be included in group activities where distal supervision is in effect as defined above. I understand that staff will provide supervision and check on my child at reasonable intervals.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**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:

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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**

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