



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 ooscjasper@gmail.com



Emergency Records

All information is required before your child can attend.

Child's Name: _____
First Middle Last

Date of Birth: _____
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#

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

Allergies: _____

Ongoing Medications: _____

Immunizations up to date: Yes No

Parent/Guardian Signature: _____ Date: _____

What are your child's favourite activities? _____

Describe any dislikes or fears your child may have: _____

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

Does your child have any cognitive or behaviour concerns we should be aware of?

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: _____ Phone #: _____

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 _____ authorize the staff to provide First Aid

Parent's Name

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 _____

Parent's name

am responsible for the 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 <u>field trips</u> . Field trips in this case mean leaving the Out of School Care space by foot/bike and travelling 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 <u>photographs</u> 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 <u>Jasper Fitness & Aquatic Centre</u> accompanied by Out of School Care staff. | Yes | No |
| Have <u>insect repellent</u> applied by the Out of School Care staff whenever necessary.
*Insect repellent would be provided from parents/guardians. | Yes | No |
| Have <u>sunscreen</u> , 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 between Wildflowers Childcare: Out of School Care program and the following agencies:

GYPSD - École Jasper Elementary School
École Desrochers
Alberta Children's Services
Community Outreach Services
Jasper Community Health and Alberta Health Services
Family Support for Children with Disabilities (FSCD)

Parent Signature

Date