

**APPLICATION/INTAKE FORM**

Start Date: \_\_\_\_\_ Health Care Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Last First Middle

Child's Address: \_\_\_\_\_ Date of Birth: (M) \_\_\_\_\_ (D) \_\_\_\_\_ (Y) \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Child's Doctor's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT'S INFORMATION**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Cellular #: \_\_\_\_\_ Cellular #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

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

**EMERGENCY CONTACTS**

(1) Name: \_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Address in Edmonton: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Home / Cell Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Address in Edmonton: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

**List of people who are AUTHORIZED to pick up your child OTHER THAN yourself**

(1) Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies and any procedure we need to follow in case of reaction (*If any, please list*):

Does your child have any medical/developmental concerns? *Behavior: over active, shy, unhappy, aggressive.*

*Physical: vision, hearing, speech, nutrition, clumsy, sleep or any other (If so, please specify):*

Is your child on any on-going medication/treatment? *If so, please explain:*

Is your child's immunization up to date? Yes \_\_\_ No \_\_\_ (*If not, please explain*):

What times do you expect to drop off and pick up your child/children? Drop Off \_\_\_\_\_ Pick Up \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Father's Signature: \_\_\_\_\_

Updated on: YR: \_\_ (M) \_\_ (D) \_\_ / YR: \_\_ (M) \_\_ (D) \_\_ / YR: \_\_ (M) \_\_ (D) \_\_ / YR: \_\_ (M) \_\_ (D) \_\_

Revised August 11/2022

Termination Date: \_\_\_\_\_

***North East Child Care Society 13915 - 61 Street Edmonton, AB T5A 1P3 Tele: 780-475-0819***

**PARENTAL CONSENT**

**1. Neighborhood Walks**

I hereby give permission for my child/ren to enjoy the parks and neighborhood in and around the area of NECCS Out Of School Care. I understand that I am giving permission to the staff at NECCS Out Of School Care to take my child/ren to and from these areas.

**2. Emergency Situations**

I understand that in the event of an emergency when I cannot be reached I give permission for the centre to administer first aid to my child and will call an ambulance if the situation needs further medical attention. I understand that I will remain responsible for expenses incurred by the ambulance.

**3. Photography Consent**

I hereby give permission for the NECCS Out Of School Care to photograph or videotape my child/ren while in attendance at NECCS. I understand that these photos and videos may be shared with children and families, posted in the centre and/or used in advertisements or promotional materials only to promote the NECCS Out Of School Care.

**4. Consent to Document**

I hereby give permission for NECCS Out Of School Care to collect documentation based on my child's development, interest, comments and issues while in attendance at NECCS Out Of School Care. I understand that this documentation may be used to track my child's development as well as assist with program planning and to develop strategies for staff to improve program delivery.

**5. Application of Bug Spray and Sunscreen**

I give permission to NECCS Out Of School Care staff to help and monitor my child in applying bug spray and sunscreen when needed. I am aware that I must supply these items for my child/ren.

**6. FOIP**

In regards to information sharing on all stakeholders of the NECCS Out Of School Care we are now keeping up by the FOIP act and regulations. In the event that you require more information please contact the Office of the Information and Privacy Commissioner for Alberta by phoning 1-888-878-4044. *(Permission will be required for any exceptions).*

Please let us know what makes your family special (e.g. cultural information, language, child's interest etc.) as we would like to integrate some ideas around culture and home life into our program and planning.

\_\_\_\_\_

Please share with us any information about your child (e.g. dislikes, fears, special interest)\_\_\_\_\_

Please list any ideas or suggestions that you may have in regards to the care of your child /ren. This information could be used in implementing new policies and procedures within our organization:\_\_\_\_\_

*I have read and fully understand all procedures and policies that NECCS Out Of School Care has outlined in the Admissions package. I feel satisfied with the orientation process and all my questions have been answered by a staff of NECCS. I am aware that it is my responsibility to ensure that they are followed and maintained while my child is in the care of the NECCS Out Of School Care.*

\_\_\_\_\_ 1  2  3  4  5  6  (Please check off the ones you give permission)

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**ADMISSIONS AGREEMENT**

This Agreement entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ between the North East Child Care Society (the Society) and \_\_\_\_\_, (the Parent).

The Society agrees to the admission of (the Child), \_\_\_\_\_ aged \_\_\_\_\_ years for the purposes of providing before and after school care/day care services in respect of the said Child \_\_\_\_\_ days per week between the hours of \_\_\_\_\_ and \_\_\_\_\_.

In return for the services referred to above, the Parent will pay to the Society the sum of the agreed amount fees on the first day of each and every month following the commencement of this agreement.

The Parent hereby provides notice to the Society that they will make full payment or that they have proof of subsidy. The portion of the Society's fee which is to be paid by the Parent obtaining subsidy shall be the agreed amount and will be due in like manner as if the Parent was responsible for the whole of the Society's fee.

This agreement shall commence on the first day of my child's attendance.

The Parent agrees to observe the business hours of the Society and acknowledges that in the event that the Child is not picked up by 6:00 p.m. on any given day that the Society provides care, the Parent will pay to the Society a late fee. As outlined in our late fee penalty. The Parent hereby acknowledges having received and read the Society's "Policy – Re: Children Not Picked Up" and agrees to abide by the terms of the same, which are hereby incorporated into the terms of this agreement and form part hereof.

The Parent further agrees to notify the Society by telephone at 475-0819 on any day that the Parent reasonably expects that the Child may not be picked up from the centre on time.

The Parent acknowledges that the Society will not release the Child to anyone other than the Parent unless alternate arrangements are made in advance. The Parent agrees to provide the Society in writing with a list of designated alternates who are authorized to pick up the Child from the Centre. In the event of unforeseen circumstances whereby neither the Parent nor a designated alternate can pick up the Child, the Parent shall notify the Society of the circumstances by telephone as soon as possible. The Parent shall give verbal instructions to a staff member.

The Parent agrees to notify the Society in writing of the existence and particulars of any special custody or access arrangements, which may pertain to the Child as defined by Court Order or by Agreement, entered into between the Parent and any other party. The Parent also agrees **to notify the Society of the existence and particulars of any Restraining Order** that may affect access to the Child. The Parent further agrees to immediately notify the Society in writing of any change in any such Order or Agreement as would affect the responsibility of the Society in respect to the Child. The Parent further agrees to provide the Society with a copy of any Order of the Court which pertains to the matters referred to in this paragraph and to do so at their own expense.

The Parent agrees that the Child will at all times be properly dressed taking into consideration prevailing weather condition and that the Parent will provide all additional clothing including changes for wet clothing as required. The Parent further acknowledges that the Society accepts no responsibility for lost clothing or other articles.

The Parent agrees to advise the Society of any medical condition of whatever nature relating to the Child and agrees to find alternate care for the Child in the event that the Child is ill. The Society reserves to itself the right to have any Child in attendance at the Centre and which in the opinion of the Society is ill or requires medical attention examined by a physician of the Society's choice. The Parent agrees to indemnify the Society for any costs incurred as a result of such examination or medical attention. If, in the opinion of the Society and its physician, it is determined that the Child is too ill to attend the Centre, the Society reserves the right to itself the sole and exclusive right to refuse admission to that Child for the duration of the Child's illness. The Society agrees to notify the parent of its decision and as well of any opinion expressed by the Society's physician in respect to the Child.

The Parent agrees to advise the Society of any absences of the Child.

The Parent agrees to provide the Society with current information in respect to the Parents' and the Child's if different than the Parents', address, telephone number, place of employment and to provide the Society with updated information immediately that such information becomes available.

The Parent hereby provides permission and consent for the Society to obtain any necessary medical attention, as a reasonable and prudent person would deem necessary in the circumstances in case of accident or injury. The parent agrees to indemnify the Society and save it harmless from any cost or charge reasonably incurred in the course of obtaining or administering such medical treatment.

The Parent hereby provides permission for the Child to participate in field trips organized by the staff of the facility operated by the Society and approved by the Executive Director. The Society agrees to provide to the Parent advance notice either in writing or by posting in a conspicuous place in the facility operated by the Society of any field trip so arranged.

The Parent agrees to discuss with the Child the Child Guidance Policy formulated by the Society and acknowledges receipt of a copy of the same.

- a) The North East Child Care Society reserves the right to terminate this agreement at any time without notice and without penalty set-off and at its sole discretion in any circumstance that endangers the staff or other children in attendance at the facility operated by the Society. In addition, these rights are reserved in any circumstance that is deemed to be contrary to the interests of the Society in accordance with its objects and its obligations or of the children attending the facility.
- b) In all other circumstances not contemplated above, either party may terminate this Agreement by providing to the other party fourteen days notice in writing of their intention to terminate.

This Agreement entered into at the City of Edmonton in the Province of Alberta this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**ADDITIONAL NOTES OR INFORMATION THAT YOU FEEL MAY BE IMPORTANT FOR US TO KNOW ABOUT YOUR CHILD:**

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

Date: \_\_\_\_\_

*North East Child Care Society 13915 - 61 Street Edmonton, AB T5A 1P3 Tele: 780-475-0819*

## MANDATORY MEMBERSHIP APPLICATION

**Fee \$10.00**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone.: \_\_\_\_\_

Occupation: \_\_\_\_\_

**STATEMENT OF PURPOSE:** "It is the principle goal of North East Child Care Society to make available quality day care services to those families and children who have the greatest need for care depending on social and financial circumstances."

I agree with the above statement of the Purpose of the North East Child Care Society and wish to become a member of the Society.

Expiry Date: \_\_\_\_\_

Signature \_\_\_\_\_

