

WE CARE DAYCARE & THE CHILDREN'S CENTRE

OUT OF SCHOOL CARE APPLICATION PACKAGE

MISSION STATEMENT:

INCLUSIVE, ACCESSIBLE, AFFORDABLE, QUALITY CHILD CARE

CHILD'S NAME: _____

PLEASE READ HANDBOOK ON LINE

Please fill out the following application documents and return to the office manager. If you wish a written copy of parent handbook, please see the office.

WE CARE DAYCARE

120 5701 17TH AVE SE

CALGARY, ALBERTA

T2A 0W3

587-470-7770

403-828-4409

asifa.hirji@live.com

www.wecaredaycare.ca

THE CHILDREN'S CENTRE

3413 19TH AVE SE

CALGARY, ALBERTA

T2B 0A6

403-828-4409

403-248-4830

asifa@tcccalgary.ca

www.thechildrenscentrecalgary.com

ENROLLMENT CHECKLIST

Subsidy Proof Provided	YES	NO	
Parent Handbook Reviewed www.wecaredaycare.ca	YES	NO	
Contract Reviewed	YES	NO	
Fee Schedule Reviewed	YES	NO	
Holiday Calendar Reviewed	YES	NO	
Emergency Medical form Reviewed Signed	YES	NO	
Medication Form Reviewed and signed	YES	NO	
Sunscreen/Bug Spray Form Signed	YES	NO	
Photo Consent Form Signed	YES	NO	
Media Form Reviewed	YES	NO	
Confidentiality Policy Signed	YES	NO	
Consent for Child Development Signed	YES	NO	
Student Observation Signed	YES	NO	
Guidance Policy Signed	YES	NO	
Permission/Acknowledgment Signed	YES	NO	
Release/Exchange Form Signed	YES	NO	
Emergency Travel Form Signed	YES	NO	
Portable Record Added to Binders	YES	NO	
Menus Reviewed	YES	NO	
Authorization of Alternate Pickup Filled	YES	NO	
Health Care Card Provided	YES	NO	IF NO WHY: _____
Immunization Reviewed and Acknowledged	YES	NO	IF NO WHY: _____
Registration Fee \$100.00 Paid	YES	NO	IF NO WHY: _____

EMERGENCY RECORDS

PORTABLE RECORDS

ALL INFORMATION IS REQUIRED BEFORE YOUR CHILD CAN ATTEND.

CHILD'S NAME: _____
FIRST MIDDLE LAST PREFERRED NAME

DATE OF BIRTH: _____ HEALTH CARD # _____

CHILD RESIDES WITH: _____

PARENT/GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

TELEPHONE: _____
HOME# WORK# CELL#

PARENT/GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

TELEPHONE: _____
HOME# WORK# CELL#

EMERGENCY CONTACTS: (PEOPLE IN TOWN TO WHOM CHILD MAY BE RELEASED)

NOTE: UNDER NO CIRCUMSTANCE WILL THE CHILD BE RELEASED TO ANYONE ELSE WITHOUT PREVIOUS AUTHORIZATION FROM THE PARENT/GUARDIAN (ID WILL BE REQUIRED)

NAME: _____

RELATIONSHIP TO THE CHILD: _____

TELEPHONE: _____
HOME# WORK# CELL#

NAME: _____

RELATIONSHIP TO THE CHILD: _____

TELEPHONE: _____
HOME# WORK# CELL#

ALLERGIES: _____

ON GOING MEDICATION: _____

IMMUNIZATION UP TO DATE: YES NO

ANY OTHER RELEVANT HEALTH INFORMATION: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

OUT OF SCHOOL CARE REGISTRATION

CHILD'S NAME: _____
FIRST MIDDLE LAST PREFERRED NAME

SEX: MALE FEMALE DATE OF BIRTH: _____

CHILD RESIDES WITH: _____

TELEPHONE #: _____

MOTHERS /GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

TELEPHONE: _____
HOME# WORK# CELL#

FATHERS /GUARDIAN'S NAME: _____
FIRST MIDDLE LAST

TELEPHONE: _____
HOME# WORK# CELL#

MARITAL STATUS OF PARENT:

MARRIED: _____ COMMON LAW: _____ SINGLE: _____ SEPERATED: _____

CUSTODY/VISITING/GUARDIANSHIP ARRANGEMENT (PLEASE EXPLAIN AND PROVIDE COPY OF AGREEMENT)

TRANSPORTATION RELEASE:

I, _____ GIVE MY CONSENT FOR
_____ TO BE TRANSPORTED TO AND FROM SCHOOL BY
DAYCARE VAN/YELLOW SCHOOL BUS (JRS TRANSPORTATION)

MY CHILD ATTENDS: _____
NAME OF SCHOOL

GRADE: _____ KINDERGARDEN: YES NO

PICK UP: YES NO DROP OFF: YES NO

PARENT SIGNATURE

DATE:

EMERGENCY MEDICAL INFORMATION:

DOCTORS NAME: _____ TELEPHONE: _____

ARE THERE ANY ALLERGIES, HEALTH PROBLEMS OR CONCERNS THAT WE SHOULD KNOW ABOUT?

ON GOING MEDICATION: _____

WHAT IS THE MEDICATION TAKEN FOR? _____

IMMUNIZATION UP TO DATE? YES NO

IF NO WHY? _____

ANY OTHER RELEVANT HEALTH INFORMATION: _____

EMERGENCY MEDICAL INFORMATION:

THIS WILL CONFIRM THAT I, _____, AUTHORIZE DAYCARE &
OUT OF SCHOOL CARE STAFF TO GIVE MY CHILD, _____,
THE FOLLOWING MEDICATION (S) IN CASE OF EMERGENCY (ASTHMA ATTACK, SEVERE ALLERGY, ETC)

ANY TIME 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 OOSC STAFF THAT MY CHILD MAY NEED HEALTH CARE I _____ 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 CONSENT TO CALL FOR EMERGENCY MEDICAL SERVICES. I _____ AM RESPONSIBLE FOR THE COST OF THE AMBULANCE SERVICES FOR MY CHILD. IN THE EVENT THAT AN AMBULANCE IS NOT NEEDED I, _____ AUTHORIZE STAFF TO TRANSPORT, _____, IN DAYCARE VAN TO THE NEAREST AVAILABLE SOURCE OF ASSISTANT.

PARENT SIGNATURE

DATE:

PERMISSION FORM:

I, _____, HEREBY GIVE PERMISSION FOR MY CHILD,
_____, TO:

PARTICIPATE IN OOSC FIELD TRIPS IN THIS CASE MEAN LEAVING THE OOSC SPACE BY FOOT/BIKE/OOSC BUS AND TRAVELLING AROUND NEIGHBOURHOOD ACCOMPANIED BY OOSC STAFF. THIS WOULD INCLUDE BUT NOT LIMITED TO: PLAYING AT PLAYGROUND (JACK JAMES & PENNBROOK MEADOWS SCHOOL PLAYGROUND, ELLISTON PARK, DOLLAR STORE, 7-ELEVEN, LIBRARY, LOCAL COMMUNITY FIRE STATION, MC DONALDS, LOCAL BOTTLE DEPOT, PATCH PROJECT PARK, HOLY CROSS ELEMENTARY SCHOOL PARK, ALL NEIGHBOURHOOD WALKS)

YES

NO

PLEASE NOTE THAT ANY OTHER FIELD TRIPS REQUIRE A SEPARATE PERMISSION FORM SIGNED, DETAILING THE DATE, TIME, DESTINATION, TRANSPORTATION AND SUPERVISION DETAILS.

HAVE PHOTOGRAPHS TAKEN DURING OOSC PROGRAM BY STAFF FOR INTERNAL USE OR USE FOR ADVERTISING PURPOSES ON WE CARE DAYCARE WEBSITE AND FACEBOOK PAGE.

YES

NO

HAVE BUG SPRAY APPLIED BY OOSC STAFF WHENEVER NECESSARY. (BUG SPRAY TO BE PROVIDED BY PARENT)

YES

NO

HAVE SUNSCREEN APPLIED BY OOSC STAFF WHENEVER NECESSARY. (SUNSCREEN TO BE PROVIDED BY PARENT)

YES

NO

DURING SPECIAL ACTIVITY DAYS TO PARTICIPATE IN THE FOLLOWING ACTIVITIES:

MANI/PEDI DAY	YES	NO
CRAZY HAIR DAY	YES	NO
FACE PAINTING DAY	YES	NO
TATOO DAY	YES	NO
WATER DAY	YES	NO

PARENT SIGNATURE

DATE:

RELEASE OF INFORMATION:

CHILD'S NAME: _____
FIRST MIDDLE LAST

DATE OF BIRTH: _____

CHILD RESIDES AT: _____
CHILD'S FULL ADDRESS & POSTAL CODE

CHILD RESIDES WITH: _____

I, _____, PARENT OF _____

CONSENT TO THE RELEASE AND EXCHANGE OF INFORMATION FOR THE PURPOSE OF INDIVIDUAL PROGRAM PLANNING & ASSISTING FUTURE CHILD CARE WORKERS IN THEIR STUDIES BETWEEN WE CARE DAYCARE & OUT OF SCHOOL CARE AND THE FOLLOWING AGENCIES:

- | | | |
|---|-----|----|
| - SCHOOL YOUR CHILD ATTENDS: | YES | NO |
| - ALBERTA HUMAN SERVICES – CHILD CARE LICENSING: | YES | NO |
| - CHILD CARE SUBSIDY OFFICE: | YES | NO |
| - COMMUNITY OUT REACH SERVICES: | YES | NO |
| - ALBERTA HEALTH SERVICES: | YES | NO |
| - FAMILY SUPPORT FOR CHILDREN WITH DISABILITIES (FSCD): | YES | NO |
| - (CCS) CHILD CARE SUPPORTS: | YES | NO |
| - (FRFP) FAMILY RESOURCE FACILITATION PROGRAM: | YES | NO |
| - COLLEGES & UNIVERSITY | YES | NO |
| - AGES & STAGES QUESTIONNAIRE | YES | NO |
| - ALBERTA WORKS | YES | NO |

PARENT SIGNATURE

DATE:

Our goal is to help children develop self-control and learn appropriate social behavior's.

Methods of Guidance:

Use of positive reinforcement

- Support positive behavior by praising the child at all times
- Encourage self-control, self-respect and respect for others
- Guide the children in a positive and gentle way
- Interact positively in response to conflict and inappropriate behaviors in order to help children to make proper choices
- Re-direction
- Give the child the time to calm down
- Set clear and simple limits
- Time away is used only if the child loses control and tries to harm him/her or others

If behavior concerns arise, staff will speak to the manager who will try to deal with the situation before addressing the issues to the parent.

We believe that talking and listening to the children are also the most reliable ways to dealing with the behavior.

A major influence that could affect the child's self-esteem is not feeling the support from the most important people that surround them.

Experiencing negative feedback from peers can be very negative on the child's self-esteem. As a result, consequences occur such as:

- Low social intersection skills
- Little or no effort towards realizing their projects or goals
- Irresponsible, shy
- Might become aggressive/hostile
- Unsure/anxious
- Lack of confidence on goals they achieve
- Poor performance
- Increase of the risk of depression

By communicating positively with the children, they will be able to deal with positive and negative emotions, act independently, assume responsibility of their acts, take pride in their accomplishments and have high self-esteem.

PARENT SIGNATURE

DATE:

CONFIDENTIALLY POLICY

The policy of OUR CENTRE states that all children's and employee's files will be stored in a confidential manner. The written and informed consent of the parent/guardian shall be obtained. The procedure used to ensure that this policy will be adhered to are as follows:

- Designated areas for all children's files are only accessible to staff and Director
- All conversations between parent and staff are kept confidential and is only disclosed if neglect or abuse is suspected and the management will be obligated by law to report to Alberta Children's Services. The following areas must be kept confidential:
 1. Marital status.
 2. Financial status.
 3. Anything personal.
 4. Any personal problems that they may share with you.
 5. Anything that child may tell you that is happening at home or on school.
 6. Direct conversation about a specific child will not take place outside the daycare without parental consent.
 7. Staff files will be kept in storage area accessible only to the Director and licensing on occasion when required.
 8. Staff may not relay any information that is learned about the parents or the child to any other staff member or to another parent.
 9. If this happens it will be grounds for immediate dismissal. However, if a child tells you something that needs to be looked after you must inform the Director who will then act on the information given. For example, if a child tells you that he/she is being abused.
 10. Staff will sign a declaration stating that they understand and will follow these procedures.

PARENT SIGNATURE

DATE:

PERMISSION & ACKNOWLEDGEMENT:

- I HAVE ACKNOWLEDGED & UNDERSTOOD IN CASE OF EMERGENCY THE EMERGENCY TRANSPORTATION AUTHORIZATION POLICY.
 - I HAVE UNDERSTOOD THE TRANSPORTATION RELEASE FORM.
 - I HAVE UNDERSTOOD THE DISMISSAL POLICY.
 - I HAVE UNDERSTOOD THE DISTAL SUPERVISION POLICY.
 - I HAVE UNDERSTOOD THE MEDICAL PERMISSION FORM.
 - I HAVE UNDERSTOOD THE EMERGENCY POLICY.
 - I HAVE UNDERSTOOD THE RELEASE OF INFORMATION FORM.
 - I HAVE UNDERSTOOD THE GENERAL PERMISSION FORM.
 - I HAVE UNDERSTOOD THE GUIDANCE POLICY.
 - I HAVE UNDERSTOOD THE TECH. POLICY.
 - I HAVE UNDERSTOOD THE CONFIDENTIALITY POLICY.
 - HAVE GIVEN WE CARE DAYCARE \$100.00 NON- REFUNDABLE REGISTRATION FEE.
 - TO GIVE WE CARE DAYCARE 1 MONTH WRITTEN NOTICE AT TIME OF WITHDRAWL.
 - TO PAY DAYCARE FEES BY 3RD OF EVERY MONTH UNLESS ARRANGEMENTS HAVE BEEN MADE FOR ANOTHER PAYMENT DATE AND IS AS FOLLOVES:
-
- TO HAVE MY CHILD PICKED UP BY 5:45 EACH EVENING OR TO PAY A LATE FEE CHARGE OF \$1.00 PER MIN. PER CHILD AFTER 6:00PM TO THE STAFF WHO STAYS WITH MY CHILD.
 - ALL INFORMATION PROVIDED ON THIS APPLICATION IS CURRENT AND VALID.
 - I WILL UPDATE THE DAYCARE IF ANY INFORMATION CHANGES.
 - I HAVE READ AND UNDERSTOOD ALL THE INFORMATION IN THE PARENT HANDBOOK AS WELL AS THE PARENT REGISTRATION PACKAGE GIVEN TO ME BY THE MANAGER.
 - I WAS GIVEN A TOUR OF THE CENTER.
 - I HAD AN ORIENTATION PROCESS WHERE ALL POLICIES AND PROCEDURES WERE EXPLAINED AND I HAD THE OPPORTUNITY TO ASK AS MANY QUESTIONS AS I NEEDED.
 - I AM HAPPY AND SATISFIED WITH ALL THE INFORMATION THAT HAS BEEN PRESENTED TO ME.

PARENT SIGNATURE

DATE:

DIRECTOR SIGNATURE

DATE:

Dear Parents and Guardians:

During the winter season our Center understands that our decision to **NOT DRIVE CHILDREN** in bad weather has a big effect on families. We also understand that our students are better served - both academically and socially - by being in school. But as always, our top priority is the safety of our students.

HOW DO WE MAKE OUR DECISION?

Please understand that our decision to drive or not drive to schools is based upon bad weather and careful analysis of all relevant factors, such as:

- Information on road conditions from transportation staff and from the police. We must give careful consideration to the most dangerous roads in the district. Even if your street looks clear, travel elsewhere in the district may be dangerous.
- Amount of snow and ice accumulated.
- Whether or not precipitation is continuing.
- Parking lot conditions. Custodial staff members who are responsible for clearing and treating Center parking lots and sidewalks.
- Temperature and wind chill.
- Weather predictions. We prefer not make our decision based on weather predictions, which are not always accurate. But sometimes this is unavoidable.
- What other bus transportations are doing? We also share information with other local districts and check whether they are driving or not driving.

WHO MAKES THE DECISION?

As Director of the Center, I am responsible for the final decision, based on the above factors and recommendations from the transportation authority.

HOW WILL THE PUBLIC BE NOTIFIED?

It is very difficult to call each and every Parent/Guardian. Parents will be informed when they arrive at the Center, that our buses will not be driving today. Parents have the choice to leave their child at the Center for the full day or take them and pick them up from school. If you call the Center at 630 AM we will inform you if our buses are running to and from school.

WHEN IS THE DECISION MADE?

I must make the decision by 6:00 am or earlier so I can notify my opening staff and post the decision on our front doors.

Although my staff and I do our absolute best in this process, we know that often no perfect decision exists. If, based on current weather conditions, you do not feel as though it is safe for your child to attend the Center, use your best judgement on whether he or she should attend. We hope that this explanation helps everyone understand the process that our Center will follow. We try to use the best possible decision for all in our children, staff and parents.

If you have any question or concerns, please remember that we have an OPEN-DOOR POLICY and will be more than willing to sit with you.

Technology Policy

Technology Policy Video Games, Computer Games, Personal Handheld Entertainment Devices and Cell Phones

Policy when it comes to technology. It is intended for both parents and students at the center.

Our centre is making this Policy available to parents and children because it is important that we work together to make sure each child knows the rules. I want every parent to work together with me to make sure each child remains safe in the technology world. The children will be supervised while on the internet but it is still important that we make sure they understand the rules.

To Students and Parents: While students are at centre and on internet:

1. Do not bring food or drinks near any technology devices,
2. Always make sure it okay with the educator before attempting to access the internet with your technology device,
3. Do not give out any personal information such as your name, address or phone number while on the internet, always ask the teachers if you are unsure,
4. Always use two hands when carrying any tech devices,
5. Never run when carrying any tech devices,
6. Do not throw, hit or damage devices,
7. If something pops up and you don't know what to do or something makes you uncomfortable, always get the teacher to help,
8. Do not bring any devices from home without the permission of your parents
9. Do not bring any devices from home without the permission of your teacher, provide all technology devices to your teachers to keep in the electronic bin Be responsible and make good choices when exploring with your technology devices,
10. There will be a designated area for the use of technology.
11. Teachers will always be available around the technology area,
12. There will be a sign in and sign out sheet for children. (Time limits will be set)
13. 15 min on school days and 30 min on non-school days (this is dependent on each child's individual needs, and as per parent requests)
14. Any use of TV's will be for special occasions as stated on program planning sheets. This will only be for Preschool, Kinder and OOSC.
15. All TV shows will be G rated for Pre-School and PG rated for Kinder and OOSC with parent consent.
16. Children under 2 years of age will strictly use TV, iPad, or any tech device for music and dancing. Absolutely no TV shows for children under 2 years of age. For children under 2 years of age tech devices or TV will only be used at play times and will be added to programming sheets.
17. Both children and parents will sign the technology policy, if the child is able to acknowledge.
18. Parents and children should be aware that children will be given 3 attempts to abide by this policy, failure to do so will mean your child will be suspended from using technology for 1 week. There will be an incident report and parents will be made aware as to the suspension of the technology device for 1 week.

19. If there will be 3 suspensions from the technology policy, your child will be suspended from the technology policy for the duration for the school year. There will be a parent meeting set up to discuss this further. We can revisit the technology policy with the parents and the child at that time.

20. The center has several large screen T.Vs. Children only watch G programs and only on planned occasions. The T. Vs can also be hooked up to a lap top, for playing educational games, videos and dance music.

21. Please remember that any electronics brought from home is the sole responsibility of the parent and the child. The center and the educator will not be held liable for any lost or stolen electronics at the daycare.

22. Children will not be allowed to use their Video Games, Computer Games, Personal Handheld Entertainment Devices and Cell Phones for the purpose of taking pictures and or making personal calls from their devices. Any attempt to take pictures or make calls will result in withdrawing from the program or suspension from tech. as this is a breach of privacy and is taken very seriously.

AGAIN

Parents and children should be aware that children will be given 3 attempts to abide by this policy, failure to do so will mean your child will be suspended from using technology for 1 week. There will be an incident report and parents will be made aware as to the suspension of the technology device for 1 week.

If there will be 3 suspensions from the technology policy, your child will be suspended from the technology policy for the duration for the school year.

There will be a parent meeting set up to discuss this further. We can revisit the technology policy with the parents and the child at that time. However please be aware that. Any attempt to take pictures or make calls will result in withdrawing from the program or suspension from tech. as this is a breach of privacy and is taken very seriously.

The Center has several large screen T.Vs. Children only watch G programs and only on planned occasions. The T. Vs can also be hooked up to a lap top, for playing educational games, videos and dance music.

Please remember that any electronics brought from home is the sole responsibility of the parent and the child. The Center and the daycare staff will not be held liable for any lost or stolen electronics at the daycare.

Parent's, please go over this policy with your children and if you need any further information, please feel free to contact me and we can discuss this further.

HANDBOOK REVIEW POLICY:

THIS HANDBOOK WILL BE REVIEWED AND UPDATED AS NEEDED. THIS REVIEW WILL INCORPORATE CHANGES WITH STAFF, PARENT INPUT AND MANAGEMENT CONSENT TOWARDS AN IMPROVED PROGRAM. THE ANNUAL PARENT SURVEY WILL BE A GREAT TOOL IN ALLOWING US TO REVIEW AND UPDATE THE PROGRAM AND ITS POLICES AND PROCEDURE

PARENT ACKNOWLEDGEMENT:

I, _____, PARENT OR GUARDIAN OF
_____, AKNOWLEDGE THAT I HAVE REVIEWED THE WE CARE
DAYCARE & OUT OF SCHOOL CARE PARENT HANDBOOK AND REGISTRATION PACKAGE. I HAVE
DISCUSSED ALL CONCERNS AND HAVE READ AND UNDERSTOOD ALL POLICIES AND PROCEDURES.

PARENT SIGNATURE

DATE:

DIRECTOR SIGNATURE

DATE:

FEE FORM

CHILDS NAME: _____

PARENT NAME: _____

SUBSIDY: _____

FULL FEE: _____

START DATE: _____

LAST DAY: _____

MONTH 2021	PARENT FEE	SUBSIDY	PARENT PORTION	DISCOUNT	PAYMENT	REG FEE	COMM.
JAN							
FEB							
MAR							
APR							
MAY							
JUNE							
JULY							
AUG							
SEPT							
OCT							
NOV							
DEC							
TOTALS							

e-transfer password: _____

WHAT YOU NEED FOR ON LINE SUBSIDY

IS THIS RENEWAL OR NEW SUBSIDY (CIRCLE ONE)?

1. PREVIOUS ID

2. IS IT: NEW SUBSIDY OR RENEWAL

3. MARITAL STAT: _____

4. DATE OF SUBSIDY REQUIRED

5. APPLICANTS FIRST/LAST NAME

6. SAME FOR CO- APPLICANT (IF APPLICABLE)

7. DOB FOR EACH

MUM: _____ DAD: _____

8. SOCIAL INSURANCE NUMBER FOR EACH

MUM: _____ DAD: _____

9. TEL# & EMAIL ADDRESS FOR EACH

MUM: _____ DAD: _____

10. FULL ADDRESS WITH POSTAL CODE

11. REASON FOR CARE WORKING OR IN SCHOOL

MUM: _____ DAD: _____

12. IF AT SCHOOL FULL NAME & NUMBER

MUM: _____ DAD: _____

13. IF WORKING PLACE OF WORK AND PHONE NUMBER

MUM: _____ DAD: _____

14. LIVE ON RESERVE YES OR NO

15. LINE 15000 FROM NOTICE OF ASSESSMENT FOR CURRENT YEAR

MUM: _____ DAD: _____

16. PERMANENT RESIDENT OR CANADIAN CITIZEN EACH PARENT

MUM: _____ DAD: _____

CHILD INFORMATION

1. NUMBER OF CHILDREN LIVING AT HOME UNDER AGE 18: _____

2. NAME, DOB, GRADE FOR EACH CHILD UNDER AGE 18

1. _____

2. _____

3. _____

4. _____

3. PERMANENT RESIDENT OR CANADIAN CITIZEN OF EACH CHILD

**PLEASE REMEMBER TO BRING IN ALL ID'S IF DAYCARE IS HELPING YOU WITH ON
LINE APPLICATION FOR BOTH PARENTS AND CHILDREN**

I _____ give We Care Daycare permission to do
my subsidy on line, on _____.
date

DIRECTOR SIGNATURE

PARENT SIGNATURE