



Confidential Application Form – 2011-2012

Ready, Set, Go! Pre-School & Family Program

Please note that this is **an application form** and that your child's acceptance into the program is conditional upon meeting program & financial need eligibility criteria.

This personal information is being collected under the provisions of the Personal Information Protection Act, SA 2003 c. p-6.5. Submission of this form indicates your consent to the collection, use and disclosure of personal information by the Boys and Girls Clubs of Calgary, Alberta, for the purpose of providing a safe and caring experience for children in the Ready, set, Go! Pre-School and Family Program. For information about Boys and Girls Club's Privacy Policy contact the Privacy Officer at 403-276-9981.

Child's Information:

Full Name of Child			
Child's Date of Birth (month/day/year)	____/____/____	Gender (circle one)	Male Female
Home Address & Postal Code			
Home Phone Number			
Child Lives With (circle one)	Mother Father Both Parents Guardian Other: _____		

Mother's Information:

Full Name			
Home Phone		Work Phone	
Cell Phone		E-mail	
Home Address (if different than child)			
Work Address			

Father's Information:

Full Name			
Home Phone		Work Phone	
Cell Phone		E-mail	
Home Address (if different than child)			
Work Address			

Safety of Child: Name of any person who **MAY** pick up your child

Name		Relationship	
Name		Relationship	
Name		Relationship	

Name of any person who **MAY NOT** pick up your child

Name		Reason	
Name		Reason	

In Case of Emergency (please list 2 people):

Alternate or Emergency Contact's Name		Relationship to Child	
Home Phone		Work Phone	
Cell Phone		E-mail	
Address			

Alternate or Emergency Contact's Name		Relationship to Child	
Home Phone		Work Phone	
Cell Phone		E-mail	
Address			

Permission to Take Photographs:

Do you give your permission for photographs to be taken and used for publicity purposes?

Yes _____ No _____ (Please Initial Beside Your Response)

Medical Information:

The following information is required by **Alberta Day Care Regulations**. Without this information, you may be asked to withdraw your child from the program for several weeks in the event of an outbreak of a communicable disease. (Photocopy of immunization is acceptable).

Family Doctor/Clinic Name & Phone Number	
Alberta Health Care Number	
Name & Address of last Health Clinic Attended	
Allergies (please include a description of their reaction)	
Food Restrictions	
Medical Conditions	
Emotional Conditions	
Medication your child is taking	

Immunizations: Please **initial** if your child's **immunizations** are up to date: _____

<u>Childhood Illnesses/Accidents</u>	<u>Date of Accident/Injury</u>
Accidental Poisoning	
Convulsions	
Ear Infection	
Fracture	
Head Injury	
Other (please state)	

Ready, Set, Go! Pre-School & Family Program **Agreements & Consents**

Please **read, and sign** the sections below:

1. Ready, Set, Go! Pre-School Enrollment and Fees:

Monthly program fees are \$120.00 / child. All parents are asked to apply for government subsidy which may cover the entire monthly fee. If subsidy is not approved, the parent or guardian will be responsible to pay the monthly fee. If this amount is not affordable to your family, please discuss this with the program staff as an alternate fee scale may be available.

To apply for the Government of Alberta **Stay-At-Home Parent Subsidy Program**, you will need the following documents.

1. INCOME VERIFICATION – Paystubs, Alberta Works Statement, Student Finance, Last year's income tax return, etc.
2. I.D. FOR CHILDREN – Alberta Child Health Benefit Card / Alberta Health Care Card for children or Alberta Works medical card

Financial Situation – Ready, Set, Go! is a subsidized pre-school program that targets lower-income families. As such, there are financial criteria for the program. This information is used for program screening and to determine an alternate fee schedule if you do not qualify for subsidy. Please complete it as accurately as possible.

Monthly Expenses (Please consider the following in your calculations) <ul style="list-style-type: none">Rent / MortgageTelephoneUtilitiesNatural GasFoodVehicle CostsBus PassesDay Care / BabysittingMedicalEducationalOther		Monthly Income (Please consider the following in your calculations) <ul style="list-style-type: none">Net Pay from Employment (both parents)Child Tax BenefitsUniversal Child Care BenefitStudent Loan / FundingSFI (Social Assistance)E.I. BenefitsPension (specify)Maintenance for ChildrenOther	
Total Fixed Monthly Expenses	\$	Total Income	\$

Number of Family Members Living in Your Residence: _____

I have truthfully and fully disclosed my financial situation to the best of my knowledge.

Full Name (please print): _____
First Last

Signed: _____ Date: _____

B. Fee Schedule – please pick one

- I agree to apply for the **Stay-At-Home Parent Subsidy Program** (Please see staff for information)

Signed: _____ Date: _____

- If I do not qualify for the **Stay-At-Home Parent Subsidy Program** I agree to pay the monthly fee of \$120.00. If I cannot pay \$120.00 / month I will speak with staff about an alternate fee schedule.

Signed: _____ Date: _____

2. Declaration of Applicant for Ready, Set, Go! Pre-school and Family Program:

Pre-school Guidance Policy:

In order to be able to play and learn as much as possible, some children may need to be refocused at times. We use what is called “positive guidance”.

At pre-school, your child will never be punished or threatened. Rather than using time-out, inappropriate behaviors will be handled by spending one-on-one time with a child to positively resolve the problem and redirect activity appropriately. Activities will be planned so that each child will have some time on their own, and some time socializing in small peer groups, learning to co-operate with others. The teachers will use respectful language and encourage children to solve problems by negotiating rather than by hitting. Children’s feelings will be acknowledged, they will be given actual words to label their feelings and they will be taught how to deal with a variety of emotions. Children will also be encouraged to understand the consequence of their actions. The children’s ideas will be considered and their cooperation encouraged. Problem solving will be part of many activities, not just discipline situations.

We have 2 simple rules:

1. To be a good friend
2. To take care of our room and our toys

Because your child is in a new and exciting situation, he/she will need many reminders before they learn these rules. Every effort will be made to design the program for your child to succeed. When a child has difficulties, they will be listened to, and so will you. By talking things over, responding positively to good behavior, refocusing the child who needs some assistance and acknowledging feelings, the pre-school can help your child learn valuable life skills.

In order to provide staff and volunteers with consistent guidelines on discipline, the following methods have been established:

- Gain the child’s attention in a respectful way
- Acknowledge feelings
- Set limits
- Remind
- Redirect
- Offer acceptable choices
- Use cause and effect

I have read the **Guidance Policy for the Ready, Set, Go! Pre-School & Family Program**, and agree to meet with the teachers if there are any concerns so that we can work out a positive solution for my child and the program.

Full Name (please print): _____
First Last

Signed: _____ Date: _____

3. Spontaneous Outings Permission Form:

I, _____, give permission for my child, _____, to participate in any spontaneous outings with the staff and volunteers of Ready, Set, Go! (***Spontaneous Outings*** include taking the children to areas within walking distance of the pre-school i.e., to the school playground beside the Club, to the fenced in area behind the Club, etc.)

Signed: _____ Date: _____

4. Emergency Consent Form:

In case of an accident, if I cannot be contacted immediately, I authorize the staff of Ready, Set, Go! to obtain any necessary medical treatment for my child. I will assume any expense incurred for such emergency care.

Signed: _____ Date: _____

Getting to Know Your Child:

In order for us to get to know your child and make him/her feel comfortable, it would help us to have a little more information.

Does your child have **brothers and sisters**? Please list names and ages of all siblings.

Are there **other important people** in your child's life (grandparents, friends, etc.)? Please list names and relationship.

Do you have any **pets**?

What **language(s)** is/are spoken at home?

My child can: (please check)

___ **Understand English:** ___ none ___ a little bit ___ can mostly understand

___ **Speak English:** ___ none ___ a little bit ___ can speak quite well

Has your child ever been to a **babysitter, pre-school or daycare**? How did he/she react to being away from you?

Is there **any other information** about your child and/or family that would be helpful to us?

(e.g. child's temperament, custody issues, likes, dislikes, fears, etc...)

Are there any further supports or resources that we can help you to access?

**PARTICIPANT RISK ACKNOWLEDGEMENT,
RELEASE OF PERSONAL AND MEDICAL INFORMATION AND
RELEASE, WAIVER OF CLAIM AND ASSUMPTION OF RISK**

Our goal is to provide a safe experience for all participants registered in programs offered by the Boys and Girls Clubs of Calgary. Our programs however, may include elements of risk and you, and/or you as the parent(s) or legal guardian(s) of participant(s), will be required to complete, date and sign this Participant Risk Acknowledgement, Release of Personal and Medical Information, and, Release and Waiver of Claim and Assumption of Risk ("**Waiver**"), before or at the time of enrollment in any Boys and Girls Clubs of Calgary program. ***We believe in the informed consent of the participant(s) and/or legal guardian(s) of the participant(s) to the inherent, identifiable and unforeseen risks that may occur during our programs.***

Inherent, identifiable and unforeseen Risks or dangers ("**Risks**") in the Programs at Boys and Girls Club include, but are not limited to, loss and/or damage of personal property. Injuries may occur when your child participates in activities such as sports programs, dances, bike riding, swimming, and hiking. Inclement weather, plant allergies, insect bites and allergies, and food allergies, are other possible Risks. There are also Risks when traveling to and from a Program outing, which may include mishaps during transportation.

I have read and clearly understand that there are Risks to the Club Programs at Boys and Girls Clubs of Calgary:

(Participant's signature or parent/legal guardian signature if participant is under 18 yrs.)

By enrolling in a Club Program you, and/or you as the parent(s) or legal guardian(s) of participants are deemed to have accepted the Risks of this program.

In consideration of my, and/or my child(ren) or charge(s)' participation in this program, I agree and acknowledge that:

1. My child(ren) or charge(s) and/or I have met all of the prerequisites required for participation in a Club Program offered by Boys and Girls Clubs of Calgary.
2. I agree to irrevocably release, waive, indemnify, and forever discharge Boys and Girls Clubs of Calgary, its employees, Directors, Officers, agents, instructors, volunteers, counselors and camp leaders (collectively hereinafter referred to as "**BGCC**") from any and all actions, causes of action, damages, lawsuits, claims, demands, costs, and expenses, and any other liability of any kind whatsoever, whether in law or in equity (collectively hereinafter referred to as the "**Claims**") arising or to arise, directly or indirectly, by reason of my and/or my child(ren)'s or charge(s)' participation in, or as a result of traveling to and from, a Program, and notwithstanding that any such Claim may have been contributed to or occasioned by the negligence or gross negligence of BGCC.
3. I agree to irrevocably release, waive, indemnify, and forever discharge BGCC from any and all Claims which hereinafter may be brought or made against BGCC arising or to arise, directly or indirectly, by reason of my and/or my child(ren)'s or charge(s)' participation in, or as a result of traveling to and from, a Program by reason of loss or damage to any and all property and any and all personal injuries, including death of others or myself.
4. I agree that by signing this Waiver, as a parent or guardian of a participant who is under the age of 18 years, I acknowledge that there are Risks in the Program to which I am willing to expose my child(ren) or charge(s) and that I will pay for any costs incurred by BGCC, including solicitor and own-client costs, should a suit be launched on my child's or charge's behalf, notwithstanding that any such suit may have as its cause of action the negligence or gross negligence of BGCC.
5. BGCC, may collect, use, retain and disclose my child(ren) and/or charge(s)' and/or my personal information where in its sole discretion, it deems necessary and reasonable for the purpose of a safe and caring experience for the participant, for reasons such as accident, sickness, counseling, program assessment, legal proceedings, an investigation, or the preparation of tax receipts, and any matters similar to the foregoing. The

retention period for this personal information is seven (7) years from the date of its collection. In the event of program evaluation, aggregate data and not personally identifiable information will be collected and disclosed;

6. BGCC may secure such medical advice and services as it, in its sole discretion, may deem necessary for my and/or my child(ren)'s or charge(s)' health and safety and I shall be financially responsible for such advice and services that exceed coverage by Alberta Health Care. I realize that a reasonable effort will be made to contact the primary contact person and/or emergency contact person if an emergency arises as soon as is reasonably possible; and

7. I acknowledge that I have read this agreement in its entirety, that I understand and agree to be bound by its terms, and that I am signing it voluntarily, without duress or undue influence from anyone.

I give my informed consent to the terms and conditions of this document.

Participant(s) Full Name:
Signature of Parent/Legal Guardian (if under 18 years):
Witness or Staff Signature
Witness or Staff Name (print)
Dated at Calgary, Alberta: ____/____/____ Year Month Day

*This information is protected under the Personal Information and Protection Act, SA 2003, c. p-6.5.
You may contact 403-276-9981 for information about the collection, use, retention and disclosure of personal information.
You have the right to access your personal information on file with us.*



Please take the time to complete the following information that will be used to help BGCC improve our services. Completion of this form is voluntary and all information will be kept confidential (Staff will not have access to this information).

Date _____

Program Ready, Set, Go!

What community do you live in? _____

Gender/age of participant(s)

☐ male: age _____
☐ male: age _____
☐ male: age _____
☐ male: age _____

☐ female: age _____
☐ female: age _____
☐ female: age _____
☐ female: age _____

Ethnicity of your family:

☐ African
☐ Caucasian
☐ Chinese
☐ East Indian
☐ Japanese
☐ Korean
☐ Metis

☐ First Nations
☐ Filipino
☐ Latin American
☐ Arab/West Asian
☐ Vietnamese
☐ Other, please specify _____

Family/parent status:

☐ Birth - two parents
☐ Common law
☐ Single parent: ☐ mother ☐ father
☐ Blended
☐ Guardianship

Number of family members living in the family residence _____

Combined Family Income (before tax)

☐ \$0.00 to \$16,400
☐ \$16,401 to \$22,400
☐ \$22,401 to \$28,400
☐ \$28,401 to \$32,400
☐ \$32,401 to \$35,400

☐ \$35,401 to \$38,400
☐ \$38,401 to \$41,400
☐ \$41,401 to \$45,500
☐ \$45,501 to \$50,000
☐ Over \$50,001

Thank you!