



Red Deer College  
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 Red Deer, Alberta  
 CANADA T4N 5H5  
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 Web-site: www.rdc.ab.ca

# CHILDREN'S PROGRAM APPLICATION

## RED DEER COLLEGE CHILDREN'S PROGRAM

*The personal information that you provide on this form is being collected under the authority of the Social Care Facilities Licensing Act and Daycare Regulation(s), the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act of Alberta. It will be used by Children's Programs for the purpose of providing: security access information for the release of children into the custody of guardians, updated immunization records and medical history for the individual child, emergency medical information, emergency first aid authorization and outings and walks authorization for the individual child. This form also ensures awareness of the program's behaviour policy. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. The information will be retained by the department for a period of five years, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information, please contact the Coordinator, Children's Programs, Red Deer College, Box 5005, Red Deer, Alberta, T4N 5H5, Telephone: 403.357.3600.*

ENROLLMENT INFORMATION				
How did you hear about our program? <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Advertisements <input type="checkbox"/> College Publications <input type="checkbox"/> Website Info. <input type="checkbox"/> Other				
APPLICATION DATE (YYYY-MM-DD)			DESIRED DATE OF ENROLLMENT (YYYY-MM-DD)	
Please indicate your preferred care arrangement. <input type="checkbox"/> FULL-TIME (5 DAYS/WEEK) <input type="checkbox"/> PART-TIME (2 OR 3 DAYS/WEEK) <input type="checkbox"/> DROP-IN (CASUAL CARE)				
Language(s) spoken/written:    English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> Please Specify:				
Does your child have any allergies or health concerns?				
Are pets okay in the child care setting? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Please indicate the days and hours required for childcare:				
Monday  To	Tuesday  To	Wednesday  To	Thursday  To	Friday  To

CHILDREN'S INFORMATION		
1. LAST NAME	FIRST NAME	MIDDLE NAME
PREFERRED FIRST NAME	DATE OF BIRTH (YYY-MM-DD)	
2. LAST NAME	FIRST NAME	MIDDLE NAME
PREFERRED FIRST NAME	DATE OF BIRTH (YYY-MM-DD)	
3. LAST NAME	FIRST NAME	MIDDLE NAME
PREFERRED FIRST NAME	DATE OF BIRTH (YYY-MM-DD)	

CHILD'S/CHILDREN'S ADDRESS		
STREET	CITY/TOWN	PROVINCE
POSTAL CODE	PRIMARY CONTACT PHONE	EMAIL ADDRESS
PARENT OR LEGAL GUARDIAN INFORMATION (LIST ONLY THOSE WITH ACCESS TO THE CHILD)		
LAST NAME	FIRST NAME	MIDDLE NAME
RELATIONSHIP TO CHILD	STUDENT, STAFF, or COMMUNITY MEMBER (please specify)	

HOME ADDRESS <input type="checkbox"/> SAME AS CHILD OR		
STREET	CITY/TOWN	PROVINCE
POSTAL CODE	PHONE NUMBER	STUDENT ID NUMBER (IF APPLICABLE)

SECOND CONTACT		
LAST NAME	FIRST NAME	MIDDLE NAME
RELATIONSHIP TO CHILD	STUDENT, STAFF, or COMMUNITY MEMBER (please specify)	

HOME ADDRESS <input type="checkbox"/> SAME AS CHILD OR		
STREET	CITY/TOWN	PROVINCE
POSTAL CODE	PHONE NUMBER	STUDENT ID NUMBER (IF APPLICABLE)

OTHER INFORMATION
Please provide information you feel will help contribute to a positive experience for your child. (Previous childcare, likes/dislikes etc.)

SIGNATURE	DATE
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OFFICE USE ONLY	
TELEPHONE CONTACT:	HOLDING FEE PAID: \$
SUBSIDY APPLICATION INITIATED:	
COMMENTS:	