



Red Deer College  
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 Red Deer, Alberta  
 CANADA T4N 5H5  
 Telephone: 403.357-3600  
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 Web-site: www.rdc.ab.ca

# CHILDREN'S PROGRAM APPLICATION

## RED DEER COLLEGE CHILDREN'S PROGRAMS

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 Colleges 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 CHOOSE <input checked="" type="checkbox"/>				
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)	
We offer two childcare programs. Please indicate your <u>first</u> choice.				
<input type="checkbox"/> Child Care Centre <input type="checkbox"/> Family Day Home				
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>			Would you like your application to be added to both waiting lists?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
Language(s) spoken/written: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (specify)				
Please indicate the days and hours required for childcare.				
Monday	Tuesday	Wednesday	Thursday	Friday
To	To	To	To	To

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

2. LAST NAME	FIRST NAME	MIDDLE NAME
PREFERRED FIRST NAME	DATE OF BIRTH (YYYY-MM-DD)	

3. LAST NAME	FIRST NAME	MIDDLE NAME
PREFERRED FIRST NAME	DATE OF BIRTH (YYYY-MM-DD)	

CHILD'S/CHILDREN'S ADDRESS		
STREET	CITY/TOWN	PROVINCE
POSTAL CODE	HOME PHONE NUMBER	

**PARENT OR LEGAL GUARDIAN INFORMATION (LIST ONLY THOSE WITH ACCESS TO THE CHILD)****FIRST CONTACT**

LAST NAME	FIRST NAME	MIDDLE NAME
RELATIONSHIP TO CHILD	STUDENT PROGRAM (IF APPLICABLE)	STUDENT ID NUMBER (IF APPLICABLE)

**HOME ADDRESS**  SAME AS CHILD OR

STREET	CITY/TOWN	PROVINCE
POSTAL CODE	HOME PHONE NUMBER	

**WORK ADDRESS**

STREET	CITY/TOWN	PROVINCE
POSTAL CODE	WORK PHONE NUMBER	

**SECOND CONTACT**

LAST NAME	FIRST NAME	MIDDLE NAME
RELATIONSHIP TO CHILD	STUDENT PROGRAM (IF APPLICABLE)	STUDENT ID NUMBER (IF APPLICABLE)

**HOME ADDRESS**  SAME AS CHILD OR

STREET	CITY/TOWN	PROVINCE
POSTAL CODE	HOME PHONE NUMBER	

**WORK ADDRESS**

STREET	CITY/TOWN	PROVINCE
POSTAL CODE	WORK PHONE NUMBER	

**OTHER INFORMATION**

Please provide information you feel will help contribute to a positive experience for your child (previous childcare, likes/dislikes):

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SIGNATURE	DATE
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**OFFICE USE ONLY**

TELEPHONE CONTACT	DEPOSIT RECEIPT AMOUNT \$
Attendance confirmed by parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	Acceptance letter sent: <input type="checkbox"/> YES <input type="checkbox"/> NO
Subsidy Application initialed <input type="checkbox"/> YES <input type="checkbox"/> NO	

Comments

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