

# Application Form

# Pinecrest Out-of-School Care

300 S. Birch St., Campbell River, B.C. V9W 2S1  
Tel: (250) 287-8805 • Fax: (250) 286-3679  
pinecrest@sd72.bc.ca

## Child's Information - please print

Date of Form Completion: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last Name* *First Name* *Middle*

Legal Name (if different than above): \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ BC Service Card Attached:   
*Month* *Day* *Year*

Custody Order in Effect:  No  Yes Custodial Agreement Attached:  No  Yes Who Has Custody: \_\_\_\_\_

Child's Address: \_\_\_\_\_

\_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
*Last Name* *First Name*

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
*Last Name* *First Name*

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Alternate Person(s) Authorized to Pick-Up Child (include emergency pick-up)

Name	Relationship	Telephone	Authorized to Pick-Up	Authorized to Call In An Emergency

## Health Information

Family Doctor/Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is Your Child Up-to-Date on Immunizations:  No  Yes Allergies:  No  Yes Allergic to: \_\_\_\_\_

Anaphylaxis and/or History of Severe Allergic Response: \_\_\_\_\_

Currently on Regular Medication for: \_\_\_\_\_

Has this child received any of the following special services or need additional care for?

Speech Therapy  Physiotherapy  Occupational Therapy  Autism  Mobility Concerns  Other: \_\_\_\_\_



**Alternate Caregivers**

Permission to Contact Alternate Caregiver:

Preschool/Daycare/After School Care: \_\_\_\_\_ Phone: \_\_\_\_\_

**Childcare Needs**

Please indicate what days of the week you would need A.M. and/or P.M. care and then indicate what your drop-off and/or pick-up time would be for each day. The out-of-school program is open Monday to Friday from 7 a.m. to 5:30 p.m., not including school holidays and closures.

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>A.M. Care</b>					
<b>Drop-Off Time</b>					
<b>P.M. Care</b>					
<b>Pick-Up Time</b>					

**Permission for Outings:**

I hereby give permission to the Pinecrest Out-of-School Care Program to take my child \_\_\_\_\_ on outings within walking distance of the program. I understand that my child will NOT be taken on outings requiring the use of a personal vehicle or public transport without my prior and specific written consent, except in cases of emergency.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for Emergency Medical Aid in Case of Accident or Injury:**

I hereby give permission to the Pinecrest Out-of-School Care Program to call a physician or ambulance in the case of an accident or illness of my child \_\_\_\_\_ when I cannot be reached immediately.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Freedom of Information & Protection of Privacy (FIPPA):**

Occasionally, district staff or invited media photograph, video or identify students to recognize and encourage student achievement, build the school community, and inform others about school and district programs and activities. For example, student names and/or images may be used in: school and district newsletters, news releases, brochures and reports, websites, social media sites (e.g. Facebook), and online video (e.g. YouTube) with limited or public circulation/access; videos, CDs, DVDs designed for educational use.

**Yes, I give my consent** for the school or School District 72 to collect, keep, use, and share my child's name and/or image for purposes consistent with the above and for my child to participate in activities to which the outside media may be invited. I understand that images and information posted on the Internet may be stored and accessed outside of Canada. This consent may be withdrawn at any time in writing, but withdrawal of consent does not require the school or district to take any steps to withdraw from publication any previously published material.

**No, I do not consent** to the use and disclosure of my child's name and/or image for the above purposes and request that the school district and its staff take all reasonable steps to avoid having my child's image or name collected or published by outside media when they are present in school or at school activities at the invitation of the school or school district.

Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I understand that this application form does not guarantee placement in the out-of-school care program and that I will be notified by the program as to whether my child has been accepted.

I also confirm that the information given on this form is true, complete and accurate and agree to update the out-of-school program if any of the above information changes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

