

Application Form

Ripple Rock Out-of-School Care

2001 Cheviot Rd., Campbell River, B.C. V9H 1R4
Tel: (250) 850-2035 • Fax: (250) 850-2034
ripplerock@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
A.M. Care					
Drop-Off Time					
P.M. Care					
Pick-Up Time					

Permission for Outings:

I hereby give permission to the Ripple Rock 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 Ripple Rock 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: _____

