



**Funding Application for 2019 / 2020**  
 For Alberta Education Funding through  
**Foothills Creative Beginnings Preschool & ECS Association 403.851.5534**

_____ Child's Name (first, middle, last)	_____ M F Date of Birth <b>(copy of Birth Certificate must be attached)</b> Sex
_____ Parent's/Guardian's Name ( ) _____ ( ) _____ Home Phone Work/Cell Phone	_____ Parent's/Guardian's Name ( ) _____ ( ) _____ Home Phone Work/Cell Phone
_____ Address (where child resides)	_____ Address (if different than child's address)
_____ City, Prov. Postal Code	_____ City, Prov. Postal Code
_____ email address:	

**School Child will Attend in 2019/2020 School Year**

_____ School Name	_____ Teacher
_____ School Phone	_____ Days & Time Attending School
_____ Address	_____ Referring Therapist
_____ City, Prov. Postal Code	

I am requesting Foothills Creative Beginnings to apply for PUF or Mild/Moderate Funding: \_\_\_\_\_  
 Parent(s) Signature(s)

Has your child had a recent vision test? \_\_\_\_\_

Has your child had a recent hearing test? \_\_\_\_\_

I authorize Foothills Creative Beginnings to apply and administer PUF or Mild/Moderate funding for my child.

\_\_\_\_\_  
 Parent's/Guardian's Signature Date

If you have any questions or concerns please call 403.851.5534

I, \_\_\_\_\_, give permission to Foothills Creative Beginnings Preschool and ECS Association to release  
Name of Parent  
 records, assessments and therapy reports for my child \_\_\_\_\_ to their receiving school.  
Legal Name of Child

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



**Program Unit Funding (PUF) and Mild/Moderate Funding (M/M)  
administered by Foothills Creative Beginnings (FCB)  
POLICIES CONFIRMATION**

Child's Name: \_\_\_\_\_

**I have initialed my agreement with each of these policies which are expectations of PUF as administered by:  
Foothills Creative Beginnings Preschool and ECS Association  
403.851.5534**

To obtain PUF or M/M Funding I must sign the PUF / M/M application and provide a copy of my child's birth certificate (and documentation that supports my ability to work in Canada, if my child was not born in Canada).	
Attendance: My child must be registered and regularly attend a preschool or kindergarten program in order to receive this funding. Lack of attendance in an educational setting can jeopardize my child's funding.	
I will provide 24 hours notice to my therapist, if my child will miss their therapy session. <u>I must let my therapists know if my child will be unable to attend a session.</u> I will be allowed one no-show appointment; all others, I may be required to pay a \$50 short notice cancellation fee if FCB incurs a charge due to the short notice cancellation/no show.	
I will notify my child's PUF / M/M Coordinator if my child's therapist did not show to the scheduled therapy time.	
I will let my child's teaching assistant and teachers know if my child will be absent at preschool or kindergarten on any given day.	
I will provide one month's notice if i decide to withdraw my child from a therapy program (PUF or M/M Service) which alternatives will be discussed.	
I understand that extended conversations with my child's therapist could result in a reduction of therapy hours. A therapy session consists of 45 minutes of direct therapy with 15 minutes for communicating/debriefing. Additional interaction may be considered consultative in nature and may be billed, thus reducing your child's therapy hours	
I understand that if I am not on time for my therapy session, my session time will be reduced accordingly. (Therapy time will not be extended).	
For serious illness, I will provide a signed report from my child's doctor. It will be kept in a private file, and will be available to staff only, in case of any related emergency requiring staff assistance.	
<b>PUF ONLY:</b> I want my child's PUF Coordinator to provide a minimum of 4 (90 minute) Family Orientated Programming sessions (FOPS). I agree to have a parent or a dedicated caregiver (who will fully communicate the contents of the sessions to the parents) present for these sessions.	
<b>PUF ONLY:</b> I will attend 3 - 1 hour Individual Program Plan (IPP) meetings during the year. Time for the meeting will be limited to one hour per meeting.	

\_\_\_\_\_  
Parent(s) /Guardian Signature(s)

\_\_\_\_\_  
Date



**Emergency Contact Information**

This is a person who could come to pick up your child in the case of illness or emergency if the school is unable to reach the parent.

Emergency Contact Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Main Phone Alternative Phone

Address \_\_\_\_\_

City \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Child's Medical Information**

FCB will not administer medication without written authorization from the legal guardian. A special form is required.

Alberta Health Care Number \_\_\_\_\_

Allergies or Diet Restrictions \_\_\_\_\_

Medications Your Child Takes On A Regular Basis (insulin, inhaler, etc.) \_\_\_\_\_

Any Areas of Your Child's Development About Which You Have Concerns \_\_\_\_\_

**Immunizations**

Please Check the Immunizations that Your Child Has Received

\_\_ routine immunizations 2 mo. – 18 mo.

\_\_ routine immunizations 4-6 yrs.

My Child's Immunizations are Up-To-Date

\_\_ Yes \_\_ No