



**Funding Application 2020/2021**  
 For Alberta Education Funding through  
**Foothills Creative Beginnings Preschool & ECS Association**

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PUF     Mild/Moderate     ELL

Child's Name (first, middle, last) \_\_\_\_\_ Date of Birth (**copy of Birth Certificate must be attached**) \_\_\_\_\_ M    F  
 Sex

City, Prov. Postal Code \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Phone                      Work/Cell Phone                      Home Phone                      Work/Cell Phone

Address (where child resides) \_\_\_\_\_ Address (if different than child's address) \_\_\_\_\_

City, Prov. Postal Code \_\_\_\_\_ City, Prov. Postal Code \_\_\_\_\_

**School Child will Attend in 2020/2021 School Year**

School Name \_\_\_\_\_ Teacher \_\_\_\_\_

School Phone \_\_\_\_\_ School Dates Attending \_\_\_\_\_ School Start Time \_\_\_\_\_ School End Time \_\_\_\_\_

Address \_\_\_\_\_

City, Prov. Postal Code \_\_\_\_\_ Referring Therapist \_\_\_\_\_

Is your child registered with any other school or preschool program?                      Yes                       No

I authorize Foothills Creative Beginnings to apply for and administer PUF, Mild/Moderate or ELL Funding:

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

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

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



**Policy Confirmation**  
**Program Unit Funding (PUF) Mild/Moderate Funding (M/M) English Language Learner (ELL)**  
**administered by Foothills Creative Beginnings (FCB)**

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

	<b>Initial</b>
I understand that Alberta Education requires that my child participates in 475 hours of teacher director instruction for M/M or ELL funding and 400 hours for PUF.	
To obtain PUF, M/M, ELL Funding I must sign the PUF, M/M or ELL 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 / ELL 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, M/M or ELL Service) which alternatives will be discussed.	
I understand that extended conversations with my child's therapist could result in a reduction of therapy hours. 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.	
I understand that I will be required to attend Individual Program Plan (IPP) meetings during the school year.	

**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**

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

( ) ( )

Main Phone Alternative Phone

\_\_\_\_\_

Address

\_\_\_\_\_

City

**Child's Medical Information**

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

Allergies or Diet Restrictions:

\_\_\_\_\_

Medications Your Child Takes on A Regular Basis (insulin, inhaler, etc.)

\_\_\_\_\_

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

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 months – 18 months

Routine immunizations 4-6 years

My Child's Immunizations are Up-To-Date

Yes  No