



Early Intervention - Funding Application for 2022-2023

For Alberta Education Funding through

Foothills Creative Beginnings Preschool & ECS Association

PUF Mild/Moderate ELL

Child's Name (first, middle, last)		Date of Birth (<u>copy of Birth Certificate must be attached or Canadian citizen ship documents</u>)		M	F
City, Prov. Postal Code					
Alberta Health Care Number:		E-Mall Address:			
Parent/Guardian					
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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			

Early Learning Program Child will Attend in 2022-2023 School Year

Early Learning Program Name (Preschool, Child Care)		Teacher	
School Phone	School Dates Attending	School Start Time	School End Time
Address			
City, Prov. Postal Code		Referred by (only if applicable)	

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 records, assessments and therapy reports for my child _____ to their receiving school.

Name of Parent

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: _____

**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**

I understand that Alberta Education requires that my child participates in 475 hours of teacher director instruction for M/M or ELL funding and 300 400 hours for PUF. (PUF hours are dependent on age)	
Attendance: My child must be registered and regularly attend an Early Learning program, at least 3 days per week, (minimum 9 hours per week) in order to receive this funding. Lack of attendance in an educational setting can jeopardize my child's funding.	
I understand that to achieve these hours I will be required to participate in home-based programming, community programming and therapy.	
I understand that I will be required to attend Individual Program Plan (IPP) meetings during the school year.	
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).	
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 Early Learning 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 by applying for this funding, my child will be registered with Alberta Education and be assigned Alberta Student Number (ASN). Assessments and IPP's will become part of my child's student record.	

 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

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Main Phone

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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:
