

Targeted School-Age Emergency Child Care Application – January 2022

Emergency Child Care is available to essential workers that are parents of school-age children who meet the eligibility criteria as outlined by the Province of Ontario. Care is available for eligible workers who are required to work during the emergency child care period. Please note that all parents/guardians living in the household must be working during this period to qualify.

Funding and applications for Emergency Child Care are administered by the Rainy River District Social Services Administration Board (RRDSSAB). The RRDSSAB may contact applicants to verify eligibility. Note that completing an application does not guarantee a space in emergency child care.

The Child Care Centre will contact approved applicants once a space is available in order to complete the enrollment process.

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| 1. Have you been deemed essential according to the criteria outlined by the Province of Ontario for the provision of emergency school-age child care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are all parents/guardians living in the home currently required to work? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are all parents/guardians in the home required to report to an official work location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Applicant Information (verification of employment may be requested for both applicants)

Marital Status: Married / Common-Law Divorced / Separated Single

First Name:

Last Name:

Employer:

Current Job Position/Title:

Division/Department Name:

Email Address:

Retype Email Address:

Mobile Phone:

Home Phone:

Work Phone:

Extension:

Home Address:

Spouse/Common-Law Partner Information

First Name:

Last Name:

Employer:

Current Job Position/Title:

Division/Department Name:

Care Required

Days of week (check all that apply): Note that applicants are only eligible for care on the days that they are working and have the child(ren) in their custody.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Varies by shift (schedule attached)

Hours of the Day

Start time:	End time:
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Child Information (school-age children only)

Child 1:	First Name:	Last Name:	Date of birth:
Child 2:	First Name:	Last Name:	Date of birth:
Child 3:	First Name:	Last Name:	Date of birth:

Additional Information

a. What school is your child(ren) currently attending?

b. Was your child and/or children attending a child care centre before the current school closure?
 Yes No

c. If yes, what child care program was your child/children attending?

d. Please select your preferred location for emergency child care:

- Rainbow Centre (Atikokan) Country View Child Care Centre (Devlin)
- Tall Oaks Atelier (Fort Frances) Learn, Laugh and Play Children’s Centre (Rainy River)
- Pathways Atelier (Fort Frances) Stepping Stones Atelier (Emo)

e. If space at your preferred location is not available, would you consider another location?
 Yes No

f. If yes, which other location(s) would work for your family?

Declaration, Release and Consent to Information

The Children's Services Program of the Rainy River District Social Services Administration Board (RRDSSAB) collects personal information on this form pursuant to the Freedom of Information and Protection of Privacy Act, the Municipal Freedom of Information and Protection of Privacy Act and the Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Schedule 1, s 71(1-5).

The information is used to provide emergency child care services to essential services staff due to the COVID-19 pandemic. The information may be disclosed to child care operators to support the delivery of emergency child care services. The information may also be disclosed to the Northwestern Health Unit for the purpose of outbreak case management within emergency child care centres.

The Rainy River DSSAB reserves the right to request additional information in order to determine eligibility.

CONSENT

I confirm understanding of the following conditions of the RRDSSAB's emergency child care funding:

- I consent to the exchange of information between my employer and the RRDSSAB for the sole purpose of determining or verifying eligibility for the administration of the emergency child care funding.
- I consent to the sharing of my application with the relevant child care operator to support the delivery of emergency child care services.
- I will notify the RRDSSAB immediately if my employment circumstances change in such a way that impacts my eligibility for emergency child care.
- I understand that emergency child care is subject to change on the direction and funding provided by the Province of Ontario and that I am only guaranteed child care at no cost while emergency child care is in operation under these conditions.
- I understand that once emergency child care is no longer in effect, my child(ren) is not guaranteed to keep their spot at the child care centre if they were not accessing the child care program prior to the school closure period.
- I declare that by submitting this application I agree that all the information presented here is true to the best of my knowledge and belief.

Name:

Date:

E-MAIL COMPLETED APPLICATIONS TO MICHELLE JEWELL AT mjewell@rrdssab.on.ca

Contact us at (807) 274-5349 for more information.