



COVID-19 Emergency Child Care Services Application

On April 7, 2021, in response to the rapid increase in COVID-19 transmission, the threat on the province's hospital system capacity, and the increasing risks posed to the public by COVID-19 variants, the Premier of Ontario declared a third [provincial emergency](#) under s 7.0.1 (1) of the *Emergency Management and Civil Protection Act* (EMPCA).

Starting April 19, 2021, all elementary schools, publicly-funded and private, will be closed for in-person learning. Child care for non-school aged children will remain open, before and after school programs will be closed.

During the remote learning period, **Emergency Child Care** will be provided at **no cost to school-aged children of eligible health care and other frontline workers**. The service is intended for workers performing critical duties in the province's continued fight against COVID-19 who cannot work remotely and who have elementary school-aged children. To be eligible, both parents must be working outside of the home and at least one parent must meet the eligibility criteria. See "[SCHEDULE 5 - INDIVIDUALS ELIGIBLE FOR EMERGENCY CHILD CARE](#)" for a list of eligible workers, or visit <http://www.ontario.ca/laws/regulation/200082>

Emergency Child Care spaces will be filled on a 'first-come first-served' basis and at an approved licensed child care centre. ADSAB reserves the right to implement a priority list.

*** ADSAB reserves the right to ask for verification of employment as proof of eligibility.

*** All fields are mandatory.

*** **This application is only valid for the Emergency Child Care period beginning April 19, 2021 and until such time as this period of Emergency Child Care has ended.**

Please email applications to: emergencychildcare@adsab.on.ca

Parent/Guardian #1 Information

Last Name:	First Name:	Date of Birth: (dd/mm/yyyy)
Address: (include Street # and Street Name, Municipality, Postal Code)		
Home or Mobile Phone #:	Work Phone #:	
Occupation:	Employer:	

Parent/Guardian #2 Information

Last Name:	First Name:	Date of Birth: (dd/mm/yyyy)
Address: (include Street # and Name, Municipality, Postal Code)		
Home or Mobile Phone #:	Work Phone #:	
Occupation:	Employer:	

Name(s) of Child(ren) enrolled in school and requiring care (aged 12 years and younger)

Last Name	First Name	Date of Birth (dd/mm/yyyy)

Care Required (Please note, you will be asked to provide work schedules in advance of care)

Please check off what best applies.

Type of Care	✓	Hours Required
FULL TIME: Monday to Friday	<input type="checkbox"/>	
STEADY PART TIME: Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	
SHIFT WORK or PART TIME – Care depends on work schedule	<input type="checkbox"/>	

If you require or prefer child care outside of the municipality in which you reside to accommodate you while working, please indicate the municipality:

Municipality:	Check here if this does not apply	<input type="checkbox"/>
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Additional Comments:

Consent:

This application is only valid for the Emergency Child Care period beginning April 19, 2021 and until such time as this period of Emergency Child Care has ended.

By completing and submitting this application form, I confirm understanding of the following conditions of the Emergency Child Care services:

1. One parent/guardian listed as Applicant 1 or applicant 2 is an essential frontline worker as outlined in **“SCHEDULE 5 - INDIVIDUALS ELIGIBLE FOR EMERGENCY CHILD CARE”**.
2. If approved for Emergency Child Care, I/we must also register my/our child(ren) with the approved licensed child care provider by completing their registration form.
3. I/we consent to the exchange of information between Algoma District Services Administration Board (ADSAB) and the approved licensed Child Care Service Provider for the purpose of determining and/or verifying the administration of the Emergency Child Care.
4. I/we consent to the collection of information regarding my/our child’s (children’s) attendance from the approved licensed Child Care Service Provider.
5. Should I/we no longer require Emergency Child Care, I/we will immediately notify the approved licensed Child Care Service Provider.
6. In the event my/our child(ren) or myself display symptoms of COVID-19, I/we will immediately notify the licensed Child Care Service Provider.
7. In the event an Emergency Child Care space is not available in an approved licensed child care centre, my/our child’s (children’s) names will be kept on a waitlist. The waitlist date is the date this completed application is received by ADSAB.
8. I/we understand that Emergency Child Care services will only be provided so long as deemed necessary by the Premier of Ontario.

I understand that typing my name below represents a valid signature and that by submitting my application, I am providing my agreement and consent.

Applicant #1 :	Date:	
Applicant #2 :	Date:	

Application information will be retained by ADSAB for a period of no less than seven (7) years. The personal information on this form is collected under the legal authority of section 71(1) of the Child Care and Early Years Act, 2014, S.O. 2014, c. 11, Sched. 1 (the “Act”) and section 9 of Ontario Regulation 138/15 under the Act, for the purpose of administering subsidized childcare in the Algoma District. For more information contact the Manager of Children’s Services and Early Learning at 705-842-3370 ext. 250.

EMERGENCY CHILD CARE APPLICATIONS MUST BE SENT BY EMAIL TO:

emergencychildcare@adsab.on.ca

**Algoma District Services Administration Board
Children’s Services and Early Learning
1 Collver Road
Thessalon ON P0R 1L0**

**Monday to Friday 8:30 a.m. to 4:45 p.m.
Telephone: 705-842-3370
Toll Free: 1-888-326-3133
FAX: 705-842-3747**