

City of Windsor, Children's Services, Service Agreement Application: Authorized Recreation and Skill Building Program

Process for Entering into a Service Agreement

The following criteria must be met:

Must provide an Authorized Recreation and Skill Building Program within the City of Windsor and/or County of Essex:

- Complete the application and submit along with all the required documentation
- Once received, your application will be reviewed. You may be contacted for additional information.

Please note, completion of application does not guarantee a Service Agreement will be granted.

Under the Child Care and Early Years Act 2014 (CCEYA 2014), an "Authorized Recreation and Skill Building Program" is defined as programs that:

- Operates once a day for no more than 3 hours on weekdays
- Promotes recreational, artistic, musical or athletic skills or provide religious, cultural or linguistic instruction
- Is not operated in a person's home

Is operated by one of the following:

- The local service manager, a municipality, school board, First Nation, or the Métis Nation of Ontario;
- A member of the YMCA or a member of Boys and Girls Clubs of Canada;
- An organization that delivers Ontario's After School Program funded by the Ministry of Heritage, Sport, Tourism and Culture Industries (MHSTCI):
- An organization that is recognized by Parks and Recreation Ontario as a HIGH FIVE accredited organization;
- A Friendship Centre that is a member of the Ontario Federation of Indigenous Friendship Centres;
- A member of a provincial sport organization or multi-sport organization recognized by MHSTCI, where the program's activities are related to the sport or sports promoted by the organization;
- Ministry of Tourism, Culture and Sport (e.g. ROM, Ontario Science Centre);
- Authorized by the local service system manager to offer child care in their service area provided that the
 program can demonstrate to the local service system manager that it offers programming that supports
 the health, safety, and well-being of children; or
- Authorized by a First Nation to offer child care on their territory provided that the program can demonstrate to the First Nation that it offers programming that supports the health, safety and well-being of children.
- Authorized recreational and skill building programs with expanded hours

Required Documents (Please submit copies of the following):

| ☐ Current Authorized Recreation and Skill Building Program Licenses for each program site you are currently operating |
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| □ Program Statement (your operating philosophy) |
| □ Parent Handbook (information given to parents upon registration) |
| □ "Criminal Reference Check" and "Vulnerable sector Check" Policy |
| □ "Inclusion Policy" |
| ☐ Current fee structure and payment policy: for both full-fee paying and subsidized clients |
| □ *If your agency is a "Non-Profit Corporation", current listing of Board of Directors that also identifies your Board Executive and signing authority |

Other Information

 Upon receipt of all of the required documentation, a meeting may be requested by our Department to discuss the new terms of the Purchase of Service Agreement request.





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Section 1: Authorized Recreation and Skill Building Program Information

| Legal Name of Agency: | |
|---|---|
| Operating Name: | |
| License #: | |
| December Matter of Allinea | Annillandian Data (DDMMANO) |
| Program Mailing Address: | Application Date (DD/MM/YY): |
| | Date of which this agency became operational (DD/MM/YY) |
| | |
| Hours/Days of Operation check days' program is | operating and include hours |
| ☐ Monday ☐ Tuesday ☐ Wednes | • |
| I monday I ruddady I wearies | ady - maisady - mady |
| Contact Name: | Position Title: |
| | Business Email: |
| Business Telephone Number: | Business Email: |
| | |
| Staffing: Number of staff | Hourly Rate for Full-Time: |
| Full-Time: | Full Time- Amount of Hours Per Week: |
| | |
| Part-Time: | Hourly Rate for Part Time: |
| Da vers an anota management de min a cabacteria | Part-Time Amount of Hours Per Week: |
| Do you operate programming during school close PD Days March Break Summ | ures ? er Break Before/After School |
| PD Days March Bleak Summ | el bleak Belole/Altel School |
| How many program rooms do you utilize? | |
| | |
| | Enrollment |
| Kindergarten (44 months- 4.8 years)* | School Age (6-12) |
| | |
| | |
| | nd skill building program can serve children ages four and |
| the provisions set out in section 6(4) of the CCEY | gram is offered after the start of the school year) if it meets |
| the provisions set out in section o(4) of the CCE i | A, and chiena set out in regulation. Aug 6, 2021 |
| Do you have a waitlist? ☐ Yes ☐ No | |
| | |
| Current Rate Schedule | |
| Full Day | garten School Age |
| Half Day | |
| Agency Fiscal Year End (DD/MM): | |
| 7.gooy 1.00a. 1.0a. 2.1a (2.2/11111). | |
| • | form we only ask for line items that we absolutely need in |
| assessing financial health. | |
| Please attest: Licensee is a viable business and is able to opera | ate without additional operating funding: ☐ Yes ☐ No |
| • | nents without additional operating funding: ☐ Yes ☐ No |
| | nefits requirements without additional operating funding: |
| ☐ Yes ☐ No | |
| Do you own or lease the building you are currently | • |
| IF owned, total value of building? \$ | |
| Mortgagor (Whose name is on the mortgage?): _ | |
| Additional Information you would like to provide: | |
| | |
| | |
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| | |



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CERTIFICATE

| correct, and in accordance with the records of | are true and |
|--|--------------|
| (Name of the Agency) | |
| The Corporation of the City of Windsor is hereby authorized to have access to our accounting order to validate any of the above figures in order to substantiate the per diem rate structure Date: | • |
| Signature of Board President or Owner/Operator Please affix Corporate Seal (*where applicable) | |

