



**ACCESS 3-6 APPLICATION**  
CD 478 (R2015-05)

<b>Organization Information</b>			
Name of Organization _____			
Primary Contact Name _____	Email Address _____	Daytime Phone Number (     ) _____	
Type of Organization			
<input type="checkbox"/> Registered Non Profit Organization under the Alberta Societies Act or Municipal Government      Registration # _____			
<input type="checkbox"/> Other (please specify) _____			
Mailing Address _____	Postal Code _____	Fax Number (     ) _____	Main Agency Phone Number (     ) _____

<b>School Requested</b>
School Name _____

<b>Space Requested</b>
<input type="checkbox"/> Gym <input type="checkbox"/> Library <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____

<b>Program Dates and Time Requested</b>									
Anticipated Start Date	Anticipated End Date	Days of the Week	Start Time	AM	PM	End Time	AM	PM	

<b>Program Information</b>			
Program Name _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none; padding: 5px;">Ages of Projected Participants _____</td> <td style="border: none; padding: 5px;">Please indicate the total number of participants you can accommodate in your program <input style="width: 50px;" type="text"/></td> <td style="border: none; padding: 5px;">Please state your staff to young person ratio <input style="width: 50px;" type="text"/></td> </tr> </table>	Ages of Projected Participants _____	Please indicate the total number of participants you can accommodate in your program <input style="width: 50px;" type="text"/>	Please state your staff to young person ratio <input style="width: 50px;" type="text"/>
Ages of Projected Participants _____	Please indicate the total number of participants you can accommodate in your program <input style="width: 50px;" type="text"/>	Please state your staff to young person ratio <input style="width: 50px;" type="text"/>	
Please provide a brief description of your program and intended outcomes			
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The personal information you provide is collected under the authority of the Freedom of Information and Protection of Privacy Act, section 33(c). The information collected in this form is used to determine if the applicant meets the criteria to be issued an Access 3-6 permit. The information collected in this form is reviewed by the City of Calgary, the Calgary Board of Education, and the Calgary Separate School District. If you have any questions about the collection or use of this information, please contact the Community Programs & Services Division: (403) 268-5152 or P.O. Box 2100, Stn. M, #130, Calgary, AB, T2P 2M5.  
ISC: Confidential

**Program Information Continued**

All staff working in this Access 3-6 program have completed a CPIC check and Vulnerable Sector Search and are cleared to work with children and youth.

Yes  No

At least one staff member on site has a valid First Aid Certificate?

Yes  No

Does your organization carry commercial general liability insurance?

Yes  No

Is there a fee associated with your program?

Yes  No

Additional Comments

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I hereby state the information provided is true and correct to the best of my knowledge:

YYYY-MM-DD

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**For School Use Only**

**School Screen**

Principal Name

Contact Information

Space Requested

Gym  Library  Cafeteria  Other \_\_\_\_\_

Is caretaker overtime required?

Yes  No

Approved

Not Approved

Space/Time not available

YYYY-MM-DD

Principal approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments

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**Principal's Recommendation**

Issue Access 3-6 Permit

Do not issue Access 3-6 Permit

Comments

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