

# Appendix "A"

## Vulnerable Children Warning Signage

### Application Form

<b>A. Applicant Information</b>			
Last Name	First Name		
Street Address		Unit No.	Lot/Con
Town/City	Postal Code	Province	Phone Number
Email Address			
<b>B. Vulnerable Child Information</b>			
Child's Name (First, Last)		Child's Birthdate (dd/mm/yyyy)	
Child's Disability			
<b>C. Declaration of Applicant</b>			
<p>By filling and signing this application, the applicant agrees to the following as approved by Town Council in accordance with the Town's Vulnerable Children Signage Policy number <b>XXX</b>. (Please acknowledge each by placing a check in each box).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As Applicant I am the parent and/or legal guardian or otherwise having lawful custody of the Child identified in this Application</li> <li><input type="checkbox"/> I acknowledge and agree that the sign will only remain in place for a predefined period of five (5) years or when the child reaches the age of thirteen (13), whichever occurs first. It is the responsibility of the applicant to reconfirm the need for the sign after the 5 year period. If no reconfirmation is received, the sign will be removed.</li> <li><input type="checkbox"/> I acknowledge and agree that: 1) the posting of a requested sign is no assurance of child's safety at any particular time nor that safer conditions now exist in the area in the vicinity of the requested sign; 2) The child's safety remains the sole responsibility of the parent/legal guardian(s) and 3) There is no substitute for proper supervision and education as it relates to safety and traffic.</li> <li><input type="checkbox"/> I acknowledge and agree that The Corporation of the Town of Essex shall not be held liable nor have liability with respect to and as Applicant/Parent/legal guardian and on behalf of the Child I hereby waive, release and agree not to sue the Corporation of the Town of Essex for any special, indirect, incidental or consequential damages that may be suffered or incurred arising out of, or in any way related to this Application.</li> <li><input type="checkbox"/> I consent to the collection/use/disclosure of the personal information provided in this application, such information as may be reasonably necessary to perform the services contemplated by this application or for such other lawful and necessary purposes.</li> <li><input type="checkbox"/> I will notify the Town of any positive changes in the child's impairment that may warrant the removal of the sign.</li> <li><input type="checkbox"/> I will notify the Town in a timely manner of any relocation to another place of residence. The sign may be relocated to the new place of residence if deemed eligible by the Director of Infrastructure Services.</li> </ul>			
Signature of Applicant		Date	

<b>D. Approval Authority (Office Use Only)</b>	
Director Approval	Date
Roll No.	
Removal Date	

## **Application Checklist:**

- Completed application form
- Copy of Proof of Child's age (ie. birth certificate, passport, health card)
- Copy of a physician's statement identifying the extent of the disability.