



MANNING REGIONAL CHILD CARE ASSOCIATION

FAMILY DAY HOME PROGRAM

Phone: 780-836-2588 Cell: 780-836-0213

CHILD APPLICATION FORM

YEAR

Name of Child

Birthdate

Gender ☐

Male ☐

Female ☐

Required Start Date

Days child care is required:

☐

Mon

☐

Tues

☐

Wed

☐

Thurs

☐

Fri

Drop-off Time

Pick-up Time

MOTHER

Name

Physical Address

Mailing Address

Postal Code

Home Phone #

Cellphone #

Child's Residence ☐

Yes ☐

No ☐

Employer

Work Address

Work Schedule

Business Phone #

Email

FATHER

Name

Physical Address

Mailing Address

Postal Code

Home Phone #

Cellphone #

Child's Residence ☐

Yes ☐

No ☐

Employer

Work Address

Work Schedule

Business Phone #

Email

LOCAL EMERGENCY CONTACTS (OTHER THAN PARENTS)

Name

Phone #

Physical Address

Relation to child

Name

Phone #

Physical Address

Relation to child

Persons other than yourself that are allowed to pick up your child/children:

Name	Relationship to child

****Please note that identification may be asked for by providers before children are released.**

Persons not allowed access to your child/children:

Name	Relationship to child

HEALTH INFORMATION

ALLERGIES:

Foods Drugs

Smoke Pets

Other

Do you require a smoke free home? ☐ Yes ☐ No

Does your child have a chronic medical condition?

Please specify:

Does your child take regular medication? ☐ Yes ☐ No

Please specify:

Are your child's immunizations up to date? ☐ Yes ☐ No (*Note: a copy may be required for child's file)

CHILD PROFILE

Eating Habits:

Does your child use: ☐ Bottle ☐ Cup ☐ Spoon

Food likes:

Dislikes:

Eating Schedule:

Sleeping Habits:

Morning nap time:

Afternoon nap time:

Preferred sleeping equipment:

☐ Bed

☐ Mat

☐ Other:

Self Help Skills:

☐ Feeds self

☐ Washes self

☐ Brushes own teeth

☐ Dresses self

Toileting:

Is your child toilet trained?

☐ Yes

☐ No

☐ Working on it

☐ Has accidents

Does he/she use :

☐ A potty chair

☐ Toilet seat

☐ Toilet

Diapers:

☐ Disposable

☐ Training pants

Play Habits:

What is your child's favorite toy?

What activities does your child enjoy the most?

Does your child enjoy book/hearing stories?

Does your child enjoy music?

Child's other interests?

Does your child have any fears that we should be aware of?

How do you know when your child is not feeling well?

How does your child react to new people and new situations?

Other comments: (Please note anything else that may affect the care of your child)

Has your child previously attended Day Home or Day Care? ☐ Yes ☐ No

If yes, where?

Cultural Heritage

Languages spoken at home:

(Placing your initials here
will serve as your signature)

Signature of Parent or Guardian

Date

TIMES:

Full Time Day Care:

Monday to Friday - 7:45 a.m. - 5:15 p.m.

Open twelve months of the year except for stat holidays, Christmas, Spring breaks and Professional Development Days as outlined in the yearly calendar.



MANNING REGIONAL CHILD CARE ASSOCIATION FAMILY DAY HOME PROGRAM

Emergency Medical Waiver

I, [redacted] authorize staff to give first aid and/or arrange for emergency medical care (transportation and ambulance) for my child in the event that I cannot be contacted immediately. I further consent to pay for all medical expenses deemed necessary in cases of emergency.

[redacted]
Signature of Parent or Guardian

[redacted]
Date

Chronic Medical Condition

It has been disclosed to the Early Learning and Child Care Program that [redacted]

(Child's Name)

has [redacted] and it is agreed that the staff will be required to administer [redacted]
(Condition)

[redacted]
(Medication)

☐ On a daily basis

☐ When required

The Staff has received instructions and/or a demonstration of the required care and is able to carry out the procedure. The Parent will keep the Staff updated on any changes of the child's condition or medication and will advise the office of any significant changes to either.

Comments:

[redacted]

[redacted]

(Placing your initials here
will serve as your signature)

[redacted]
Signature of Parent or Guardian

[redacted]
Date

Casual Field Trip Consent

I, give my permission for my child to participate in routine
(Parent's Name)

activities such as walks in the neighborhood, walking to and from school or visits to nearby community playgrounds or facilities:

(Placing your initials here
will serve as your signature)

Signature of Parent or Guardian

Date

Photograph / Video Waiver

I, give my permission for my child to be photographed or videoed
(Parent's Name)

for the purposes of programming and to promote the Family Day Home Program in the community.
Photos may appear in the local newspaper or on Facebook.

(Placing your initials here
will serve as your signature)

Signature of Parent or Guardian

Date

Permission to Apply External Preparations

I, authorize the Family Day home Staff to apply for my child,
(Parent's Name)

one or more of the following external preparations, in accordance with the directions for use on the container:

- Band-aids
- Antibiotic ointment (Polysporin, Neosporin, etc)
- Insect Repellent
- Sunscreen
- Non-prescription ointment (Vaseline, Lotion, etc)
- Other: Please specify

*I understand that it is my responsibility to supply the preparations.

(Placing your initials here
will serve as your signature)

Signature of Parent or Guardian

Date

Sharing of Information Consent

I consent to the sharing of child-specific information that will benefit my child, with outside agencies ie, schools, Health Nurse and applicable community organizations.

Signature of Parent or Guardian

(Placing your initials here
will serve as your signature)

Date



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CONTRACT AGREEMENT FOR CHILD CARE SERVICES - Family Day Home

I / We, will be placing my child
(Parent/Guardian Name) (Child's Full Name)

with Manning Family Day Home Program and
(Provider's Name)

who is contracted Manning Family Day Home Program for the provision of child care services.

I am aware that a Provider profile is available upon request.
(Parent Initials)

I am aware that the children's applications will be shared among providers for backup purposes.
(Parent Initials)

I have completed an application and child profile for my child, supplying all information that is needed to ensure that my child receives the best quality care possible.
(Parent Initials)

I have read the Parent Policy and Procedure Handbook that is available online at www.mrcca.net, which outlines policies and procedures that affect my child and me.
(Parent Initials)

FEES:

I am aware of the Manning Family Day Home's fee schedule:

I am also aware of the policies regarding billing and collection of fees. I understand that the Parent fees are due on the last Wednesday of each month and that I will not be allowed to bring my child to the Provider's home until he/she has received the parent confirmed hour sheet and payment for that month.
(Parent Initials)

DAYS AND HOURS OF CARE CONTRACTED FOR:

Start Date:

Care Required: ☐ Full Time ☐ Part-time ☐ Casual

Days Of The Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Drop-off Time: Pick-up Time:

Provider's regular days and hours of service:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available							

Provider available for extended hours: ☐ Yes ☐ No

Shifts/Schedule/Extra Information:

***Your Day Home Provider will require a weekly or monthly schedule if your days and times of work change regularly.**

I understand that I, the Parent, must notify the Provider and the Agency of changes in workdays or hours that may require a change in the contract, as well as changes of employer, home address and phone number.

(Parent Initials)

Day Home Providers are encouraged not to accept children in the Day Home if the child is too ill to take part in regular activities or if the child has a contagious infection/disease. This is to protect the health of the other children in the home as well as the health of the Provider.

(Parent Initials)

I understand that the Family Day Home Providers are responsible for providing children with nutritional content in accordance with the Canada Food Guide. Two food groups for two snacks/day and three food groups for lunch. Nutritional requirements beyond this guide are the responsibility of the parent. eg. Infant formula and baby foods, specialty foods due to allergies.

(Parent Initials)

I understand that outdoor play occurs on a daily basis. Parents must bring seasonally appropriate outdoor clothing for the child/ren each day. Parents must also ensure that their child/ren have an extra set of clean indoor clothes every day. Diapers and wipes are the responsibility of the parent.

(Parent Initials)

To facilitate easy transition into the Provider's home, Parents are asked to provide a picture of the child with their family, (does not have to be a formal family picture) to be displayed at the Provider's home.

(Parent Initials)

Termination of this contract requires written notice be given to the Director by either Parent or Provider, Manning Family Day Homes reserve the right to terminate the contract at any time for non-payment of fees or non-compliance to Agency procedures.

The Manning Family Day Home Program agrees to comply with the requirements of the new Child Care Licensing Act and the Child Care Licensing Regulations, the Family Day Home Program Manual and the policies outlined in our Procedure Manual.

 Parent / Guardian Signature	(Placing your initials here will serve as your signature)	 Date
 Parent / Guardian Signature	(Placing your initials here will serve as your signature)	 Date
 Provider Signature	(Placing your initials here will serve as your signature)	 Date
 Agency Representative	(Placing your initials here will serve as your signature)	 Date

Manning Family Day Home Program

Ages	FDH Rates	Affordability Grant	Parent Fee
Less than 19 months	\$1,031.00	\$881.00	\$326.25
19 months to kindergarten age	\$881.00	\$554.75	\$326.25
Daily Rate	\$50.00		\$50.00

*Full Time (Over 100 hours)

* Parents Confirmed Hours Sheets and payment must be handed in by the last Wednesday of the month

* Minimum Hours booked 1 day = 8-9 hours. 8:00 a.m. - 5:00 p.m.

* Payment by E-Transfer to Yoku Kotera - mrccaprogrammanager@gmail.com