FAMILY DAY HOME PROGRAM
DROP-IN CHILD CARE APPLICATION FORM

YEAR 2025-2026

Name of Child: Birthdate:

Alberta Health Care Number:

Child's Residence: Same as Mom Same as Dad

Mother's Name:		Father's Name:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cellphone:		Cellphone:	
Mailing Address:		Mailing Address:	
Physical Address:		Physical Address:	
Email Address:		Email Address:	
Work Schedule		Work Schedule	
Employer:		Employer:	
Work Address:		Work Address:	

Any special instructions regarding the care of the child, i.e. medical, allergies, eating, sleeping, toileting schedules

In the event of an emergency, the parent / guardian can be reached at:

In the event of an emergency where the parent cannot be reached , the parent hereby grants permission for the medical treatment to be obtained from their family doctor or any doctor selected by provider or Family Day Home Visitor.

Local Emergency Contacts (Other than Parents)

Name:		Name:	
Home Address:		Home Address:	
Relationship:		Relationship:	
Cellphone:		Cellphone:	

Family Day Home Program collects, and maintains information for the purpose of providing quality childcare, all information collected is protected under the Albert Freedom of Information and Protection of Privacy Act (FOIPP) and the Personal Information Protection Act (PIPA)

Person(s) other than yourself that are allowed to pick up your child/children:

Person(s) not allowed access to your child/children:

Fees for child care on a Drop-in basis are as follows:

8 hours - $40/day

***Fees:** Parents state the number of hours required, this includes the time they require to get to work in the morning and the time needed to get from work to the Provider's home in the afternoon.

***Late charges of** $5.00 **, or portion thereof, will be charged by the agency**

Payment is payable to the Manning Regional Family Day Home Program and is collected by the provider. A receipt will be issued upon request.

***NOTE: It is a requirement of the agency that the parent sign their child/children in and out on the Provider's time sheet.**

(Placing your initials here will serve as your signature)

Parent's Signature

Date

Family Day Home Program collects, and maintains information for the purpose of providing quality childcare, all information collected is protected under the Albert Freedom of Information and Protection of Privacy Act (FOIPP) and the Personal Information Protection Act (PIPA)