



MANNING REGIONAL CHILD CARE ASSOCIATION



FAMILY DAY HOME PROGRAM

Phone: 780-836-2588

CHILD APPLICATION FORM

Name of Child: _____ Birthdate _____ Male Female

Required Start Date: _____

Days child care is required: Monday Tuesday Wednesday Thursday Friday

Drop-off time: _____ Pick-up time: _____

Mother

Father

Name: _____

Name: _____

Address Physical _____

Address Physical _____

Mailing Address _____

Mailing Address: _____

Postal Code: _____ Phone# _____

Postal Code: _____ Phone# _____

Child's Residence: Yes No

Child's Residence: Yes No

Employer: _____

Employer: _____

Address: _____

Address: _____

Hours of Work: _____

Hours of Work: _____

Business Phone: _____

Business Phone: _____

Email: _____

Email: _____

EMERGENCY CONTACTS (local) – OTHER THAN PARENTS

1. Name: _____

2. Name: _____

Phone: _____

Phone: _____

Address Street: _____

Address Street: _____

Relation to Child: _____

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? Yes No

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: playpen bed mat other: _____

Self Help Skills:

feeds self washes self brush 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: cloth disposable training pants

Play Habits:

What is your child’s favorite toy? _____

What activities does your child enjoy the most? _____

Does your child enjoy books/hearing stories? _____

Does your child enjoy music? _____

Child’s other interests? _____

Does your child have any fears 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 a Day Home or Day Care? Yes No

If yes, Where? _____

Cultural heritage _____ Languages spoken at home: _____

Parent/Guardian Signature

Date

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Emergency Medical Waiver

I, _____ authorize staff to give first aid and or arrange for emergency medical care (and transportation) 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.

Parent/Guardian Signature

Chronic Medical Conditions

It has been disclosed to the Manning Family Day Home Program that _____
Child's Name
has _____ and it is agreed that the Staff will be required to administer
Condition
_____ On a daily basis When required.
Medication

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: _____

Parent/Guardian Signature

Casual Field Trip Consent

I, _____ give my permission for my child/ren 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.

Parent/Guardian Signature

Family Day Home Transportation Consent

I _____ authorize my contracted Family Day Home Provider and any back-up Provider, accessed through Manning Family Day Home, to transport my child/ren in her personal vehicle for reasons approved by myself with advance notice or in a medical emergency if I cannot be contacted immediately.

It is understood that the Provider will ask to borrow the child's car seat, if one is required, and the Parent will be responsible for installing and tethering it properly in the Provider's vehicle. It is also understood that the Provider carries a minimum of one million dollars third party liability insurance on her vehicle and that she has a valid driver's license.

Parent/Guardian Signature

Photograph/Video Waiver

I _____ give my permission for my child to be photographed or videoed for
Parent's Name
the purposes of programming and to promote the Early Childhood Child Care Program in the community.
Photos may appear in the local newspaper or on Facebook.

Parent/Guardian Signature

Permission to Apply External Preparations

I _____ authorize the Early Childhood Child Care staff to apply to 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, such as Polysporin, Neosporin, etc
- Insect Repellant
- Sunscreen
- Non-prescription ointment (such as, Vaseline, lotion etc.)
- Other: (please specify)_____

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

Parent/Guardian Signature

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.

Parent/guardian signature

Date waivers and consents signed:_____





**MANNING REGIONAL
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FAMILY DAY HOME PROGRAM

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CONTRACT AGREEMENT FOR CHILD CARE SERVICES – Family Day Home

I/We, _____ will be placing my child/ren _____
Parent/Guardian Names Child's full name

with Manning Family Day Home Program and _____
Provider's name

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

I am aware that a Provider Profile is available upon request. _____
Parent Initials

I am aware that children's applications will be shared among Providers for backup purposes _____
Parent Initials

I have completed an application and child profile for my child/ren 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 & 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: \$8/hr or \$35/8 hr day and after 8 hrs the hourly rate applies (ie. 9 hr day = \$43). I am also aware of the policies regarding billing and collection of fees. I understand that the Parent fees are due on the last Wed. of each month and that I will not be allowed to bring my child to the Provider's home until she has received the Parent Confirmed hr sheet and payment for that month. _____
Parent Initials

DAYS AND HOURS OF CARE CONTRACTED FOR:

Care Required: Full Time Part-time Casual Start Date: _____

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 written monthly schedule or weekly 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

Provider Signature

Parent/Guardian Signature

Agency Representative

Date Signed