



# 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: \_\_\_\_\_

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

**MANNING REGIONAL CHILD CARE ASSOCIATION**  
**FAMILY DAY HOME PROGRAM**

**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

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**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

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**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

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**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.

\_\_\_\_\_  
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  
CHILD CARE ASSOCIATION**

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**GREEMENT 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](http://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: \$7/hr or \$32/8 hr day and after 8 hrs the hourly rate applies (ie. 9 hr day = \$39). 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