



Manning Regional Child Care Association



Alberta Approved Family Day Homes

# 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

Street Address

Mailing Address

Postal Code

Home Phone #

Cellphone #

Child's Residence  Yes  No

Employer

Work Address

Hours or Work

Business Phone #

Email

#### FATHER

Name

Street Address

Mailing Address

Postal Code

Home Phone #

Cellphone #

Child's Residence  Yes  No

Employer

Work Address

Hours or Work

Business Phone #

Email

**LOCAL EMERGENCY CONTACTS (OTHER THAN PARENTS)**

Name   
Phone #   
Street Address   
Relation to child

Name   
Phone #   
Street 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)

[Redacted comment area]

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

If yes, where? [Redacted]

Cultural Heritage [Redacted]

Languages spoken at home: [Redacted]

[Redacted]

[Redacted signature line]

Signature of Parent or Guardian

[Redacted date line]

Date

**TIMES:**

**Full Time Day Care:**

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  
(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]

[redacted]

Signature of Parent or Guardian

[redacted]

Date

### Casual Field Trip Consent

I, [redacted] 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:

[redacted]  
Signature of Parent or Guardian

[redacted]  
Date

### Photograph / Video Waiver

I, [redacted] 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.

[redacted]  
Signature of Parent or Guardian

[redacted]  
Date

### Permission to Apply External Preparations

I, [redacted] 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

[redacted]

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

[redacted]  
Signature of Parent or Guardian

[redacted]  
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

Date



# MANNING REGIONAL CHILD CARE ASSOCIATION

## FAMILY DAY HOME PROGRAM

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

### 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](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:

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.

[Redacted Signature Line]

Parent / Guardian Signature

[Redacted Date Line]

Date

[Redacted Signature Line]

Parent / Guardian Signature

[Redacted Date Line]

Date

[Redacted Signature Line]

Provider Signature

[Redacted Date Line]

Date

[Redacted Signature Line]

Agency Representative

[Redacted Date Line]

Date

**Manning Family Day Home Program  
Rates using Government Numbers -**

Full Time -

| Age             | Program Costs | Affordability Grant | Subsidy Income under | Parent Fees |
|-----------------|---------------|---------------------|----------------------|-------------|
| Under 19 months |               |                     |                      |             |
| 19 mo - 3 yrs   |               |                     |                      |             |
| 3 yrs +         |               |                     |                      |             |

Part Time -

| Age             | Program Costs | Affordability Grant | Subsidy | Parent Fees |
|-----------------|---------------|---------------------|---------|-------------|
| Under 19 months |               |                     |         |             |
| 19 mo - 3 yrs   |               |                     |         |             |
| 3 yrs - 5 yrs   |               |                     |         |             |

Part Time -

| Age             | Program Costs | Affordability Grant | Subsidy Income under | Parent Fees |
|-----------------|---------------|---------------------|----------------------|-------------|
| Under 19 months |               |                     |                      |             |
| 19 mo - 3 yrs   |               |                     |                      |             |
| 3 yrs - 5 yrs   |               |                     |                      |             |

\*Drop-in Day Rate -

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.