

Application for Child Care

Surname: _____

Child's Name: _____ Birthdate _____ A.H.C.# _____

Special Needs, allergies, medications, dietary needs or important information (must be filled in)

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Special Needs, allergies, medications, dietary needs or important information (must be filled in)

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Special Needs, allergies, medications, dietary needs or important information (must be filled in)

Family Information

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Postal Code: _____ Postal Code: _____

Home Ph. No. _____ Home Ph. No. _____

Place of Work: _____ Place of Work: _____

Work Address _____ Work Address _____

Work Ph. No. _____ Work Ph. No. _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Child is residing with Mother _____ Father _____ Both Parents _____

Emergency Contact Person (not the parent)

Name: _____ Address: _____

Relationship to child: _____ Phone Number: _____

Alternate Phone Numbers: _____ Work _____ Cell _____

To whom may the Provider release the child? _____

Is there anyone not allowed access to the child: _____

Child's Physician: Name _____

Address: _____ Ph: _____

Describe your child's temperament/behavior: _____

Do you have any objection to your child accompanying the Provider on outings?

Yes _____ No _____

Is there any information that you wish the Agency to be aware of? _____

Will you be applying for child care subsidy? Yes _____ No _____

Has your child been in care before? Yes _____ No _____

If so, where? _____

Effective start date of care _____ Days of the week _____

Hours of care required: _____

Is your child immunized? Yes _____ No _____

Do you have a back-up caregiver? Yes _____ No _____

Do you have any preferences regarding religion, culture or dietary needs that you would like the agency/provider to be aware of? _____

I have read and understood the policies in the Parent Handbook.

Date

Signature of Parent

Name of your Day Home Provider



MEDICAL RELEASE

In the event of an emergency where I, the parent/guardian, cannot be reached, I consent to the Provider:

1. Obtaining medical treatment for my child from the child's physician or physician of the Provider's choosing, and
2. Releasing pertinent information in case of emergency.

DATE: _____ PARENT SIGNATURE: _____

INSECT REPELLENT AND SUNSCREEN

I consent to the Provider applying insect repellent and sunscreen which I supply.

DATE: _____ PARENT SIGNATURE: _____

TRANSPORTATION RELEASE

I consent to the Provider taking my child on outings as part of the daily program. Some may be within walking distance, others may require the use of a vehicle in which the child will be safely restrained.

WALKING: YES ___ NO ___ VEHICLE: YES ___ NO ___

DATE: _____ PARENT SIGNATURE: _____

OBSERVATION RELEASE

I consent to Agency staff observing my child in the Family Day Home for monitoring purposes and for administering developmental screens.

DATE: _____ PARENT SIGNATURE: _____

PROVIDER PROFILE

The Agency has offered me the opportunity to review the Provider Profile. (You must attend our office to read this profile)

DATE: _____ PARENT SIGNATURE: _____

FAMILY PICTURE

For accreditation purposes, I consent to the Provider displaying a family picture which I will provide.

YES _____ NO _____

DATE: _____ PARENT SIGNATURE: _____

PHOTO RELEASE

As the parent or legal guardian of these minor children, I hereby release for display purposes to the staff of Leduc-Strathcona Services for Children Ltd. Family day home agency, the photographs of:

Name of child(ren)

DATE: _____ PARENT SIGNATURE: _____

CHILDREN AT RISK

The Child, Youth & Family Enhancement Act states that any person who suspects a child may be abused or neglected has a legal obligation to report the matter immediately to Alberta Children's Services. I acknowledge that Providers and the Agency must report to

Social Services when there are reasonable and probable grounds to believe a child is at risk.

DATE: _____ PARENT SIGNATURE _____

02/11,07/11,1/14,04/14,08/14Leduc-Strathcona Services for Children

Leduc – Strathcona
Services for Children
203, 937 Fir Street Sherwood Park, Alberta T8A 4N6

AGENCY/PARENT CONTRACT

Leduc-Strathcona Services for Children is contracted by Alberta Social Services. The Agency agrees to comply with all requirements of the Family Day Home Program Manual and the policies set forth in this Agreement.

The Parents agree to comply with Agency policies and requirements as outlined below and the conditions described in their Parent/Provider Agreement.

Fees are payable to the Agency in advance of care commencing. The initial payment must be made prior to the first day of care. Subsequent payments are due the first working day of the month.

PROCEDURES

1. Fees are due on the first of the month
2. Method of payment is through internet banking. Please contact our Leduc Branch at 780-986-3993 to set up an account
3. Space will NOT be reserved unless payment has been received.
4. The Parent(s) agree to give two weeks notice of termination to the Provider and the Agency or make payment for two weeks in lieu of notice.
5. Receipts for taxation purposes will be provided by the Agency annually.
6. Childcare spaces are our Providers' income. If you contract for full-time care, you will be charged the **full** monthly fee each month except when the Provider books time off and you arrange your own childcare during that time.
7. Parents are responsible for the full day home fee during their family vacation time.
8. If you contract care for a specific number of days each month (i.e. 10) you will be expected to pay for 10 days of care even if only 5 or 6 days are actually used. Child Care spaces are our Providers' income and most of them contract according to their financial needs. Daily fees are to be calculated in advance and fees are still due on the first of the month.
9. Providers are entitled to payment for Statutory Holidays (although they are not required to provide care) when providing full-time care and for contracted days of part-time care.
10. Please state hours of care needed clearly. Overtime must be negotiated and agreed upon. In instances of abuse of hours we would encourage our Providers to charge an overtime fee as well, to be paid directly to the Provider.

11. Where the rates allowed for subsidy is less than those paid to Providers, Parents are responsible for paying the difference.
12. Failure to adhere to the payment policy may result in immediate termination of care without the usual 2 weeks notice.
13. We agree the first month of care is an adjustment period for all concerned. If placement is terminated during this first month, the parent is responsible for payment only on the days the children were actually in care.
14. Agency hours are Monday – Friday 12:30pm -4:30pm. In case of emergency or in the case of required Back-Up Care, an Answering Service is in place after regular operating hours. We have an open door Policy and encourage parents to communicate with us as required. Newsletters are mailed out on an annual basis.
15. The Agency has given me the opportunity to review the Provider Profile and I have read the most recent information on the Provider I have chosen for care.
16. **FEES:** I agree to pay ONE of the following:
_____ MONTHLY rate is _____.
_____ DAILY rate is _____.
_____ HOURLY rate is _____.

If you have any comments or suggestions to enhance this Agency please contact us at 464-5803.

OVERTIME RATE: As per Provider

EFFECTIVE START DATE: _____

DAYS: _____ HOURS: _____

SIGNED: _____ on the _____ day of _____ 20 _____.
Parent

SIGNED: _____ on the _____ day of _____ 20 _____.
Agency

Leduc – 986-3993

Sherwood Park – 464-5803

COPY: Parent – Yellow Agency - Pink