

CHILD'S LAST NAME	FIRST NAME	DATE OF BIRTH	ALBERTA HEALTH CARD

CHECK APPLICABLE INFORMATION

Court Order Separation Agreement Not Applicable

Invalid without supporting documentation

Effective Date: _____ Type of custody: Sole* / Joint*
(MM/DD/YY)

Make sure all address spaces have full LAND DESCRIPTIONS or STREET ADDRESSES

Would you like both parents/guardians to be able to access billing information? Yes _____ No _____

Parent/Guardian Information

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Home Information

Home Information

Address: _____

Address: _____

City: _____

City: _____

Postal Code: _____

Postal Code _____

Home Number: _____

Home Number: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____ (For Invoicing) **NOTE: We will send invoice to only one email address.**

Workplace Information

Workplace Information

Company Name: _____

Company Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Child's Home Address

Who does child live with: _____

Address: _____

City: _____

Postal Code: _____

EMERGENCY CONTACTS TO WHOM THE CHILD MAY BE RELEASED: (MUST BE FILLED IN PRIOR TO CARE)

Name: _____

Name: _____

Address: _____

Address: _____

Phone Numbers: _____

Phone Numbers: _____

Relationship to child: _____

Relationship to child: _____

I certify that all the information given on this form is correct and accurate to the best of my knowledge. I will notify both the day home provider and agency staff if any or all of the information changes.

Parent/Guardian Signature: _____ **Date:** _____

Child's Name: _____

1. What language(s) are spoken in the home? _____

2. What type of childcare has your child experienced?

3. What specific activities do you think would benefit your child in day home?

4. Are there any holidays/activities that you do not want your child to participate in?

5. Describe your child's personality _____

6. What is your approach to child guidance? _____

7. Is your child potty trained? _____

8. Does your child have any fears? _____

9. What is your child's napping/quiet time routine? _____

10. Does your child have a security object? _____

11. Has there been any occurrence in the past, which may have caused emotional upset to your child?

Parent/Guardian Signature: _____ **Date:** _____

Child's Name: _____

Child's Physician

Physician's Name: _____

Clinic: _____

Address: _____

Phone: _____

Does your child require?

INHALER: Yes _____ No _____

EPIPEN: Yes _____ No _____

Other: _____ (please specify) _____

ALLERGY	SYMPTOMS	TREATMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRESENT MEDICAL CONDITION(S)	SYMPTOMS	TREATMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Nutrition Information:

Dietary Concerns/Special Diet: _____

Food Likes: _____

Food Dislikes: _____

Please ensure that you try any foods that may cause allergies with your child at home first

Are there any foods you DO NOT want your child to eat? _____

Our agency requires an up-to-date immunization record and an updated copy every time your child receives a new set of immunizations. You can have the clinic fax a copy to us at 403-329-9160.

I certify that all the information given on this form is correct and accurate to the best of my knowledge. I will notify both the day home provider and the agency staff if any or all of the information changes.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL CONSENT

Your provider is responsible for planning and carrying out a program with care and concern for the physical safety and well being of each child in their care. However, in the case of illness or injury to my child, I agree that my provider (or back up provider) should immediately proceed in obtaining medical treatment for my child as is deemed necessary. I authorize the administration of any medical procedures deemed necessary by my doctor or, if unavailable, by any other physician selected by the day home provider or the day home coordinator. I understand that I cannot hold my provider or the Wee R Kids Family Day Homes agency responsible for any injury or illness and will assume responsibility for any expense incurred with the emergency treatment.

Parent/Guardian Signature

Date

ACTIVITIES CONSENT

- I hereby give consent for my child, _____ to participate in daily activities with the day home provider. These activities may include walking, playing in the park, and other activities that are safe, reasonable, and appropriate for the occasion. These activities will be planned and carried out for the benefit of the children, and not be for the convenience of the provider. I understand that when transportation is required, an additional permission form will be presented to me prior to the excursion for my consent.

Parent/Guardian Signature

Date

PHOTOGRAPH CONSENT

- I give permission for my child, _____ to be photographed in the day home by the provider and by the day home visitor/coordinator. I understand that these photographs will be used only in the day home, and in the office for portfolio purposes. These photographs will not be used online, social media, advertising or promotion.

I certify that all the information given on this form is correct and accurate to the best of my knowledge. I will notify both the day home provider and the agency staff if any or all of the information changes.

Parent/Guardian Signature

Date

Internal Use Only Start Date: _____ Updated: _____ Updated: _____	Withdrawal Date: _____ Reason for withdrawal: _____
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