

PARENT AGREEMENT FORM

(DROP IN/BACK UP)

Educator Name: _____

Upon admission of my child(ren) _____ Birthdate _____

_____ Birthdate _____

to the Family Dayhome Program, I agree to cooperate fully with the requirements of the program, with the understanding that my child(ren) will be placed in a home supervised by Child Development Dayhomes of Alberta. Child Development Dayhomes agrees to comply with the requirements of the Family Dayhome Program Manual and Child Development Dayhomes' own requirements and policies.

Backup Care is defined as using 10 days or less in another dayhome with our agency. If you will not be attending back up care the following day you must contact the dayhome educator or agency by phone by 9pm the night before. Otherwise, **you will still be charged for the full day.**

Child Development Dayhomes has a 24 hour emergency phone number stated on the agency voicemail.

Parent 1 _____ Parent 2 _____

Address _____ PC _____ Address _____ PC _____

Home/Cell# _____ Work# _____ Home/Cell# _____ Work# _____

Person(s) who do NOT have access to child(ren) (with court documents) _____

Child(ren)'s Alberta Health Care Number _____

Allergies _____ Treatment _____

(please refer to Specialized Medication form and/or Anaphylaxis form if applicable)

IN EMERGENCY (when neither parent can be reached), whom can we contact? These individuals have permission to pick up your child

Name _____ Home/Cell# _____

Work# _____ Relationship to Child _____

Name _____ Home/Cell# _____

Work# _____ Relationship to Child _____

In the event of an emergency when I cannot be reached, I give my permission for medical procedures deemed necessary by my Doctor, or by any physician selected by the Agency or Dayhome Educator. I agree to compensate my Educator for the cost of any such medical assistance obtained.

I agree to take my child(ren) into the dayhome at _____ and to pick him/her/them up at _____

In the case of an emergency I give permission for my Educator to transport my children with regulation car seats and restraints.

Name of Existing Educator: _____

Name of Back Up Educator (if applicable): _____

- I have seen or been made aware of the information on the Provider Profile for this provider.
- Ensure General Field Trip form is signed for all drop in and back up children
- Ensure Infant Care Incentive is filled out for children 0-18 months attending drop in care. If you provide backup care for an infant, the incentive is shared between you and their primary educator.
- I give permission for the dayhome educator to take photos of my child(ren) for educational purposes

The personal information contained on this document is required under our contract with Child and Family Services and is collected under the Freedom of Information and Privacy Act. It will be used to maintain our database and in the case of emergency.

Parent's Signature _____ Date _____

Educator's Signature _____ Date _____