

Camrose Children's Centre Day Home Program

Alternate Care Agreement

This agreement is between _____ (alternate provider)
and _____ (Parent(s). The provider's phone number is
_____. The above named provider agrees to provide childcare for...

_____ D. O. B. _____ Health Care # _____

_____ D. O. B. _____ Health Care # _____

_____ D. O. B. _____ Health Care # _____

in her home at _____.

Alternate care will commence on _____ and terminate on _____.

Child care will be provided on the following days of the week _____

for the hours of _____. Regular provider is _____.

All policies, procedures, and regulations as per the Alberta Family and Social Services
Family Day Home policy manual and Parent and Provider contract will apply.

Guardian/Parent Signature & DATE

Alternate Provider Signature & DATE

Camrose FDH Signature

Date

Important information about child/children:

Guardian/Parent Work # _____ Guardian/Parent Work # _____

Emergency Name & # _____

Allergies /Medical Conditions _____

Immunizations Up to Date? Yes ___ No ___ Initial ___

Medications to be given? yes ___ no ___

Authorized Pick-up _____

Other information _____