

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.

\_\_\_\_\_  
**Parent Signature & DATE**

\_\_\_\_\_  
**Alternate Provider Signature & DATE**

\_\_\_\_\_  
**Director**

\_\_\_\_\_  
**Date**

**Important information about child/children:**

Mom's Work # \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Emergency Name & # \_\_\_\_\_

Allergies /Medical Conditions \_\_\_\_\_

Immunizations Up to Date? Yes \_\_\_ No \_\_\_ Initial \_\_\_

Medications to be given? yes \_\_\_ no \_\_\_

Authorized Pick-up \_\_\_\_\_

Other information \_\_\_\_\_

\_\_\_\_\_