

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 _____
