

### PARENT AGREEMENT FORM (Drop in or Back up)

Select one: Drop In                      Back Up

Child: \_\_\_\_\_ Birth date: \_\_\_\_\_ Alberta Health Care # \_\_\_\_\_

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Name of Educator doing drop in or back up care: \_\_\_\_\_

Name of child(ren)'s regular Educator (leave blank for drop in): \_\_\_\_\_

I agree to take my child(ren) to the dayhome at \_\_\_\_\_ and to pick up at \_\_\_\_\_  
on these dates: \_\_\_\_\_

**Drop in Care** is defined as using a maximum of 4 days per month with the agency. Payment is made privately to the educator. If attending more than one dayhome, care cannot exceed 4 days total per month between the dayhomes.

**Back up 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 9pm the night before, otherwise you will still be charged for the full day. During business hours, please call 780-715-1166. For after-hours, an emergency contact number will be listed on our voicemail.

Parent/Guardian 1: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Place of work/school: \_\_\_\_\_ Work #: \_\_\_\_\_  
Work/School Address: \_\_\_\_\_

Home address same as above: Yes      No

Parent/Guardian 2: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Place of work/school: \_\_\_\_\_ Work #: \_\_\_\_\_  
Work/School Address: \_\_\_\_\_

**IN AN EMERGENCY (when neither parent can be reached),** whom can we contact and has authorization to pick up the child? Please have at least one contact who resides in Fort McMurray or surrounding areas.

Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work/Other #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work/Other #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

**Medical Information:**

Medical Conditions: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

My child's immunizations are up to date: Yes      No

Does your child have a potential life-threatening allergy? Yes      No

Does your child require health care (additional to giving medication)? Yes      No

If yes, provide details:

Please offer any information regarding custody or visitation agreements which may affect your child while in our care (Without a court order we do not have the ability to limit/deny access to a parent.)

Person(s) who do NOT have access to child \_\_\_\_\_  
(if this person is the child's parent, you must provide the Court Order)

**Notes (optional):**

By signing below, I agree that the information on this document is correct to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Educator Signature: \_\_\_\_\_ Date \_\_\_\_\_

The personal information contained on this document is required under our contract with the Government of Alberta and is collected under the Freedom of Information and Privacy Act. It will be used to collect, use, and share this information with the government to provide child care services, maintain our database, and in case of emergency.