

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

\_\_\_\_\_  
Alternate Provider Signature

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

**Important information about child/children:**

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

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

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

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

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

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

\_\_\_\_\_