

**'WEE CARE' FAMILY DAY HOMES INC.  
APPLICATION FOR CHILD CARE**

**\*\*PLEASE FILL OUT EVERY LINE – Leaving no blank spaces\*\***

1) Name of child: \_\_\_\_\_ Birthdate: Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

2) Name of child: \_\_\_\_\_ Birthdate: Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_

Parent # 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Hours of Work: \_\_\_\_\_

Hours of Work: \_\_\_\_\_

Date Care to Start: \_\_\_\_\_

Days & Hours Care Required: \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** Name: \_\_\_\_\_

(other than child's parent and who is local)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

To whom may the day home Educator release the child: \_\_\_\_\_

Name anyone NOT allowed access to the child: \_\_\_\_\_

Alberta Healthcare Number: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Immunization up to date: 1) YES NO 2) YES NO

If no, please explain why: \_\_\_\_\_

**\*\* Please provide a copy of your child's immunization record \*\***

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Number: \_\_\_\_\_

Allergies to food, drugs, animals or other: \_\_\_\_\_

Does your child require any emergency medications such as an Epipen, Benadryl or Ventolin? 1) YES NO 2) YES NO

**\*\* If Yes, please ask us for an Emergency Medication Form \*\***

Is your child taking any medication on a regular basis? If yes, what conditions are the medications taken for? \_\_\_\_\_

\_\_\_\_\_

## CHILD PROFILE

Eating Schedule: \_\_\_\_\_ Nap Schedule: \_\_\_\_\_

In diapers: \_\_\_\_\_ Or uses toilet/potty: \_\_\_\_\_ Bedwetting during nap time: \_\_\_\_\_

Words used for bowel movement: \_\_\_\_\_ Urination: \_\_\_\_\_

Favorite toys and activities: \_\_\_\_\_

How is your child disciplined? \_\_\_\_\_

What are your child's fears? \_\_\_\_\_

Any concerns with pets in the day home: \_\_\_\_\_

Does your child have any special needs? (ie) behavioral, medical, developmental, special diet) \_\_\_\_\_

Does your family have any special cultural or religious requirements? \_\_\_\_\_

COMMENTS: (anything affecting the care of your child) \_\_\_\_\_

- You are **RESPONSIBLE** for providing diapers and change pad, formula and any other food for a child not yet eating table food.
- If your child has special dietary requirements, please bring these with you in the morning.
- Breakfast is your responsibility to provide
- Please supply at least one change of clothing each day for your child and appropriate outdoor attire (ie. Coat, shoes, hat, etc)
- Please notify the family day home educator of any changes
- Any changes to contact information, either home or work please make note of on the back of your child's timesheet
- You will be contacted after the home visits via email every other month to inform you of how the Home Visitor's visit went with the Educator. If a situation arises requiring more immediate attention, she will be in touch with you as soon as is necessary.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date