WATCH ME GROW Family Child Care Program

CHILD CARE APPLICATION

CHILDS NAME:

First Name: _____ Legal Surname: _____ Preferred Surname: _____

Birth Date _____ Male_____ Female____ Date of Application: _____

Required Start Date: _____ Days Care is needed: M___ T___W___ TH___ F___ SA___ SU___

Hours of care (from/to) _____ Shifts: _____ Stat Holidays: Y__N__

Mother /Guardian	**Father/Guardian**
Name: _____ (Both Physical and Mailing address is required)	Name: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
City _____ PC_____	City _____PC_____
Phone # _____Cell#_____	Phone #_____Cell#_____
Email: _____	Email: _____
Child`s Residence: Yes/No	Child's Residence Yes/No

□ **I would prefer to receive paper copies and telephone notices.**

□ **I authorize WMG to use my Email/Cell # to send various agency correspondences. I understand I can cease this communication at anytime by emailing "STOP" to vanessa@watchmegrow.ab.ca**

Employer: _____	**Employer:** _____
Work Address: _____	Work Address: _____
Hours of Work: _____	Hours of Work: _____
Business Phone: _____	Business Phone: _____

Other Children in the Family:

Name	Age	Where are they during the day?
_____	_____	_____
_____	_____	_____

101A - 10006 101 AVE., GRANDE PRAIRIE, AB.
PHONE: 814-7050, FAX: 402-6490

EMERGENCY CONTACTS - OTHER THAN PARENTS
(ONE MUST BE LOCAL)

1. Name: _____

Phone: (home, cell, work) _____
_____
_____
_____

Relation to Child: _____

2. Name: _____

Phone: (home, cell, work) _____
_____
_____
_____

Relation to Child:_____

Doctor's Name/Clinic Name: _____ Phone #: _____

What mode of transportation are you using to take your child to and from the day home?

Walking ____ Public Transit ____ Own Vehicle ____

Please provide names of other persons who may pick up your child/ren_____

Please name anyone not allowed access to the child/ren_____

(If there are any court orders or restraining orders in regards to custody a copy must be given to the Agency and to the Provider)

HEALTH INFORMATION

Allergies:

Foods/drugs: _____Smoke/Pets: _____

Other: _____Do you require a smoke free home: Y, N

Medication taken on a regular basis; _____

Has your child had any of the following: Mumps__, Measles (red)__,Measles(German)__,Chicken Pox__, Croup__, Scarlet fever__, Whooping Cough__, Tonsillitis__, Frequent Colds__, Frequent Earaches__, Convulsions__, Eczema__ Pneumonia__, Bronchitis__,

Please list any past injuries: _____

Are your child's immunizations up to date? _____ **Date of last Immunization** _____

IMMUNIZATION WAIVER FOR CHILDREN

My Child, _____has not been immunized. I am aware that my child may be at risk for acquiring various contagious diseases and may be excluded from the day home if an outbreak occurs.

_____ _____
Parent Signature Date

CHILD PROFILE

Eating Habits:

Food Likes: _____

Dislikes: _____

Eating Schedule: _____

Does your child use: bottle _____ cup _____ spoon _____

Sleeping Habits:

Morning Nap: Yes/No Time: _____

Afternoon Nap Yes/No Time: _____

Preferred sleeping equipment: Crib: _____ Bed: _____ Matt: _____ Other: _____

Self Help Skills:

Feeds self: _____Wash self: _____Brush own teeth: _____ Dress self; _____

Is your child toilet trained? Yes ____ No ____ Working on it ____

Diapers: Cloth _____ Disposable: _____ Training Pants (Pull-ups):_____

Does he / she use: a potty chair, _____ toilet seat, _____ toilet, _____

Additional Information/Comments:

WATCH ME GROW Family Child Care Program

CHILD CARE APPLICATION

Play Habits

What is your child's favorite toy?
_____

What activities does your child enjoy most?
_____
_____

Does your child enjoy books/ hearing stories?
_____
_____

Does your child enjoy music?
_____

Other special interests?
_____
_____

How is your child disciplined at home?
_____
_____

Does your child have any fears we should be aware of?
_____

How do you know when your child is not feeling well?
_____

How does your child react to new people and new situations?
_____
_____

Other Comments: (please note anything else that may affect the care of your child)
_____

Has your child previously attended a Day Home or Day Care? If so,
Where_____

How did you hear about the Watch Me Grow Family Child Care Program?
_____

How will you be paying for your child care?
Income Support: ___, Applying for Subsidy: ___,

Sharing the cost between parents: ___,

100% my responsibility: ___

Comments:
_____
_____
_____
_____

Do you wish your child to be included in photos: Yes _____ No _____

Parent Signature: _____ **Date:** _____

Application forms are shredded after 3 months if child care is not accessed through "Watch Me Grow".

Watch Me Grow Family Child Care Program collects, and maintains information for the purpose of providing quality child care, all information collected is protected under the Alberta Freedom of Information and Protection of Privacy Act (FOIPP).

Updated April 20, 2018

101A - 10006 101 AVE., GRANDE PRAIRIE, AB.
PHONE: 814-7050, FAX: 402-6490