



**CHILD CARE APPLICATION**

**CHILD'S INFORMATION:**

First Name: \_\_\_\_\_ Legal Surname: \_\_\_\_\_ Preferred Surname: \_\_\_\_\_

Date of Birth: M\_\_\_D\_\_\_Y\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_ Date of Application: \_\_\_\_\_

Required Start Date: M\_\_\_D\_\_\_Y\_\_\_ Days Care is needed: M\_\_\_T\_\_\_W\_\_\_TH\_\_\_F\_\_\_SA\_\_\_SU\_\_\_

Hours of care required (from/to) \_\_\_\_\_ 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 \_\_\_\_\_

Area of City: \_\_\_\_\_

Area of City: \_\_\_\_\_

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](mailto:vanessa@watchmegrow.ab.ca)

**Employer:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

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

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

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

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Other Children in the Family:**

Name	Date of Birth/Age	Where are they during the day?
_____	_____	_____
_____	_____	_____



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

1. Name: _____	2. Name: _____
Home/Cell: _____	Home/Cell: _____
Work Telephone: _____	Work Telephone: _____
Home Address: _____	Home Address: _____
City: _____ Province: _____	City: _____ Province: _____
Relation to Child: _____	Relation to Child: _____

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 Parenting/Custody Orders, Emergency Protections Orders or other Court Orders a copy must be given to the Agency and to the Educator).**

**HEALTH INFORMATION**

Doctor's Name/Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Allergies:**

Foods: \_\_\_\_\_ Medications: \_\_\_\_\_

Animals: \_\_\_\_\_ Smoke: \_\_\_\_\_ 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? YES/NO**

**If YES, date of last Immunization** \_\_\_\_\_

**If NO, then please read and sign below:**

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/Guardian Signature

\_\_\_\_\_  
Date



## CHILD CARE APPLICATION

### CHILD PROFILE

#### Eating Habits:

Food Likes: \_\_\_\_\_

Food Dislikes: \_\_\_\_\_

Feeding/Meal 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: \_\_\_\_\_

Do you use any sleep training methods: Y/N If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

#### 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 your child use: a potty chair, \_\_\_\_\_ toilet seat, \_\_\_\_\_ toilet, \_\_\_\_\_

#### Other Information in regards to your child:

Languages spoken at home: \_\_\_\_\_

Do you celebrate Holidays: Y/N If Yes which holidays? \_\_\_\_\_

How does your child communicate with you and others? \_\_\_\_\_

Does your child have any exceptional needs? Y/N If yes please explain: \_\_\_\_\_

Is your child involved in any Support Programs (PUF, FSCD, Speech etc.)? \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_



**CHILD CARE APPLICATION**

**Play Habits**

What is your child's favorite toy?

\_\_\_\_\_

What activities does your child enjoy most? Does your child have any special interests?

\_\_\_\_\_

\_\_\_\_\_

Does your child enjoy books/ hearing stories? Yes/No

Does your child enjoy music? Yes/No

Does your child enjoy being outside? Yes/No

What methods of Child Guidance are used at home?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Indicators that your child is not feeling well?

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

What method of communication do you prefer with the Agency and Educator? (ie, call, text, email).

\_\_\_\_\_

Has your child previously attended a Day Home or Day Care? If so, Where \_\_\_\_\_

What was their experience like: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

How will you be paying for your child care?

Alberta Supports: \_\_\_\_, Applying for Subsidy: \_\_\_\_,

Sharing the cost between parents: \_\_\_\_,

100% my responsibility: \_\_\_\_

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

\*Photos are only to be shared with you and possibly other families in the day home (if more than one child in the photo - no faces or names are to be used\*)

**Application forms are shredded after 3 months of the date child care is required if child care is not accessed through Watch Me Grow Family Child Care Program. \_\_\_\_\_ Parent/Guardian Initial.**

**Should a suitable placement within our Agency be found, would you like a Program Orientation?**  
Yes /No \_\_\_\_\_ Initial.

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

*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).*