

**Camrose Children's Centre Day Home Program**

Alternate Care Agreement

This agreement is between \_\_\_\_\_ (alternate Program Educator) and \_\_\_\_\_ (Parent/guardian(s). The Program Educator's phone number is \_\_\_\_\_. The above-named Program Educator agrees to provide childcare for...

\_\_\_\_\_ 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 Program Educator is \_\_\_\_\_.

All policies, procedures, and regulations as per the Alberta Family and Social Services Family Day Home standards manual, Early Learning and Child Care Regulations and Act, and Parent and Program Educator contract will apply.

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\_\_\_\_\_  
**Parent/Guardian Signature & DATE**

\_\_\_\_\_  
**Alternate Program Educator Signature & DATE**

\_\_\_\_\_  
**Director**

\_\_\_\_\_  
**Date**

**Important information about child/children:**

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

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

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

Immunizations Up to Date? Yes \_\_\_ No \_\_\_ Initial \_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_