



**Southgate Medallion
Family Day Homes**
Excellence in Child Care & Early Learning

Application for School Age Care

The personal information collected is in accordance with the Family Day Home Standards Manual requirements. We are committed to protecting your privacy in our offices and in the homes of the providers with whom you contract and to using all personal information in a responsible and

#209, 11 Fairway Drive, Edmonton, Alberta T6J 2W4
Phone: 780-438-4012 Fax: 780-435-6605 Email: info@southgatemedallion.com

Child's Full Name (last name first) _____ (Male / Female)

Birth Date ____/____/____
Year month day

Mother (Guardian)
Name _____

Father (Guardian)
Name _____

Address _____

Address _____

City _____ Postal Code _____

City _____ Postal Code _____

Home Phone _____ Cell _____

Home Phone _____ Cell _____

Child's Residence ? Yes No

Child's Residence? Yes No

Occupation _____

Occupation _____

Employer/School _____

Employer/School _____

Work Address _____

Work Address _____

Phone # at Work _____

Phone # at Work _____

Contact Email _____

Contact Email _____

1. Emergency Contact (Other than parent)

Name _____

Relationship _____

Address _____

Phone _____ Cell _____

2. To whom may the Day Home Provider release your child other than parent/guardian and emergency contact?

3. Is there a custody order denying access to your child? No Yes If yes, provide a copy of the custody order to the agency and the provider.

4. Medical information about your child:

Alberta Health Care Number _____ Doctor's Name _____

Doctor's Phone # _____

Child's immunizations are up to date: Yes No

Allergies (Food, Drugs, Environmental, Other) or N/A _____

Medical History/concerns or N/A _____

5. Other children in the family:

Name _____ Age _____ School/ Family Day Home/ Day Care/ Other (specify) _____

6. Eating Habits:

Special Diet (Cultural/Religious) N/A _____

Likes _____ Dislikes _____

7. Activities and Behavior:

Child's favorite after school activities _____

Types of books your child most enjoys _____

What are your expectations for: Homework _____

Video games _____ Computer use _____ TV _____

Outdoor Activities _____

Behaviour concerns (if any) _____

Method you use to teach your child appropriate behaviour/social skills _____

What day home activities would support the goals you have set for your child? _____

Other information you want the provider to know about your child that will ease the transition to the day home: _____

8. School Information:

Name of school attending _____ Address _____

Phone number _____ Teacher _____ Grade _____ Classroom number _____

How will your child travel to and from school? _____

What arrangements will be made if your child becomes ill or injured at school? _____

Provider's hours of responsibility: _____

9. Anti-Spam Legislation: We use electronic messages to keep in touch with you and to share contact notes about your child.

I consent to receive the electronic version of the monthly Newsletter from SMFDH Agency. Yes No
I can withdraw my consent at any time.

10. I acknowledge that I have read the Provider Profile for _____
Provider Name _____ Parent Initial _____

11. In case of an emergency evacuation from the day home, the provider will use a taxicab or other means of public transportation to transport the child to safety.

PARENT'S SIGNATURE _____ DATE _____