



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

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Application for Preschool 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 professional manner.

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 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:

Child uses: Bottle _____ Cup _____ Spoon _____ Infant Foods _____ Table Foods _____

Likes _____ Dislikes _____

Special Diet (Cultural/Religious) N/A _____

7. Sleeping Habits

Child presently uses Crib _____ Playpen _____ Bed _____ Floor Mat _____

Nap Schedule: a.m. _____ p.m. _____

Pre-nap Sleep Routine _____

8. Activities and Behaviours:

Child's favorite activities and toys _____

What are your expectations regarding the use of TV/video games/computer use? _____

Child's Fears (if any) _____

Behavior concerns (if any) _____

What approaches are you using regarding child guidance? _____

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

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

10. 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.

11. I acknowledge that I have read the Provider Profile for _____ and as an enrolled
parent/guardian the profile is available to me upon request _____.
Provider Name
Parent/Guardian Initial

12. 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/GUARDIAN'S SIGNATURE _____ DATE _____