

**Manning Regional Child  
Care Association**



**MANNING REGIONAL CHILD CARE  
ASSOCIATION**

**FAMILY DAY HOME PROGRAM**

PHONE: 780-836-4141 FAX: 780-836-4141

**PROVIDER APPLICATION FORM**

Date of Application: \_\_\_\_\_ SIN # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

**Your Children:**

Name	Birthdate	Male	Female

**Other adults in the household:**

Name	Relationship	Daily Whereabouts

Are you providing care for children now?  Yes  No

If Yes:

Name	Birth date	Male	Female

Have you provided care for children in the past?  Yes  No

Please indicate the days and hours you are available to provide childcare.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available							

Are you available for extended hours?  Yes  No

Why are you interested in becoming a Family Day Home Provider?

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What activities would you do with:

- An infant? \_\_\_\_\_
- A two year old? \_\_\_\_\_
- A four year old? \_\_\_\_\_

What are your views on discipline?

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List other experience or special courses you have pertaining to childcare:

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What languages do you speak? \_\_\_\_\_

What type of dwelling do you live in? House Duplex Apartment Mobile Home

Basement Suite Other

Describe the play areas that would be available to children:

- Indoor \_\_\_\_\_  
\_\_\_\_\_
- Outdoor \_\_\_\_\_  
\_\_\_\_\_

Have you any special equipment for young children? (Toys, Furniture, Gates etc...)

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Do you have a telephone? Yes No

Call Display? Yes No

Are you willing to care for children with special needs. Yes No If yes, please indicate below:

Physical Developmental Delay Emotional Behavioral Other\_\_\_\_\_

Some children have allergies – Please indicate the following:

Is your home smoke free? Yes No Do you have pets? Yes No

Are there any physical, mental or emotional problems, which may affect your ability as a day home provider? Yes No

If yes please specify and state your doctors name:\_\_\_\_\_

Have you or anyone in your home ever been party to or involved in any child welfare matter?  
Yes No

If yes, please describe the situation and how involved:

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

Have you attached the Criminal Record Checks for you and your spouse? Yes No

Before we contract with new Providers we require three references from persons you have provided childcare for. (one may be a personal or business reference) Please provide both home and work phone numbers.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Hm# \_\_\_\_\_ Hm# \_\_\_\_\_ Hm# \_\_\_\_\_

Wk# \_\_\_\_\_ Wk# \_\_\_\_\_ Wk# \_\_\_\_\_

What is your marital status?

Single Married Widowed Divorced Common Law Separated

**If Applicable:**

Name of Spouse:\_\_\_\_\_

Place of Employment:\_\_\_\_\_

Occupation:\_\_\_\_\_ Hours of work:\_\_\_\_\_

I hereby give my permission to have a business/job related character reference check:

**SPOUSE SIGNATURE:**\_\_\_\_\_

**APPLICANT SIGNATURE:**\_\_\_\_\_

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

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**FAMILY DAY HOME PROVIDER  
CONTRACT**



Between

\_\_\_\_\_, of \_\_\_\_\_ Alberta  
(The Provider) (city/town)

And

**Manning Family Day Home Program**

- The Agency contracts with the Northwest Child and Family Services Authority – Region 8 (CFS) and the Alberta Government to recruit, screen, train, approve and monitor family day home providers for the Provincial Family Day Home Program (the Program) and investigates complaints and incidents in that Program.
- I, \_\_\_\_\_, agree to comply with the requirements of the Child and Youth  
(Provider's name)  
Services, Family Day Home Standards Manual and the policies and procedures of the Agency.
- I have been given a Provider Handbook that includes the policies and procedures of the program, which I have read and understood. \_\_\_\_\_  
(Provider initials)
- I have also received an orientation with the Agency Director in which the policies and procedures, and philosophy of the Agency were reviewed to my satisfaction. \_\_\_\_\_  
(Provider initials)
- I agree to obtain and keep current a First Aid Certificate before signing of this contract.  
\_\_\_\_\_  
(Provider initials)
- I agree to allow a representative of the Agency and/or Northwest Child and Family Authority access to my home at any time during my contracted hours. . \_\_\_\_\_  
(Provider initials)
- I agree to participate in training seminars/programs provided to me by the Agency and attend all Staff meetings as deemed necessary by the Agency to perform my duties as a Provider.  
\_\_\_\_\_  
(Provider initials)
- I understand that Manning Family Day Home Program has a policy with Stone Insurance that covers liability insurance on my home for the purpose of caring for children other than my own. The cost of this insurance is \$20.00 per month and will be deducted from my monthly pay.  
\_\_\_\_\_  
(Provider initials)

- I understand that a menu must be posted and food will be prepared following the Canada Food Guide. \_\_\_\_\_  
(Provider initials)
- I understand that I will be paid according to procedures located in the Provider Policy & Procedure Manual. \_\_\_\_\_  
(Provider initials)
- The Agency agrees to provide orientation, administration, consultation, training, program support, resources, back-up care (where possible) and payment of services according to the current payment schedule.

**Hours of Service**

Please indicate the days and hours you are available to provide childcare.

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Available							

- Any care provided to registered children outside your stated regular hours is considered a private arrangement between yourself and the Parent.
- A Provider cannot offer care for a child longer than 18 hours in a 24 hour period without prior written notification to the agency; and
- A Provider offering care to a child for a period longer than 18 hours in any 24 hour period must provide each child with sleeping time (in these cases, the provider must give each child his or her own bedding and sleeping accommodations that meet the child’s developmental needs and male and female school aged children must sleep in separate rooms. \_\_\_\_\_  
(Provider initials)

**Independent Contractor**

1. The Provider and Agency agree that the Provider is an independent contractor and not an employee of the Agency. As a result, the Provider will not be eligible for Employment Insurance; will be responsible for this or her own Canada Pension Plan premiums and the Agency will not deduct income tax from fees paid to the Provider.
2. The Agency will not be responsible for any expenses incurred by the Provider in the operation of the family day home. All expenses are the responsibility of the Provider

**Terms of the Agreement**

1. The Agreement will be renewed annually on the anniversary of the contract, if both parties are willing.
2. If the Provider is not complying with the Standards to the satisfaction of the Agency: acting reasonably, the Agency can terminate the Agreement immediately without giving notice to the Provider.
3. In any other case, the Provider can terminate the Agreement by giving the Agency two weeks notice in writing.

Signed on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Expiry Date