



Family Personal Information

Child's Information

Child's Name _____ (Female ____ Male ____)

Birth of child: _____

Parents contact information:

Mother (Guardian)

Name _____ Occupation _____ Employer _____

Address: _____ Postal Code _____ Home Phone: _____ Cell: _____

Contact Email: _____

Father (Guardian)

Name: _____ Occupation: _____ Employer _____

Address: _____ Postal Code: _____ Home Phone: _____ Cell: _____

Contact Email: _____

Hours and days of care required:

	Monday	Tuesday	Wednesday	Thursday	Friday	<h3 style="margin: 0;">Calculating the Hours</h3> <p style="margin: 5px 0;">Hours ____ x days ____ x 4.33 ____ Hours</p> <p style="margin: 5px 0;">Monthly Fee \$ _____</p>
Drop off						
Pick up						

Start date: _____

Medical History/concerns: _____

Naps time: Morning/Afternoon: _____

Allergies (Food, drugs, Environment, Others or N/A) _____

Child's Immunization are up to date: _____

Signature: _____ Date: _____

Information is highly confidential.

The fee quoted is for the youngest child in a family. For additional children in the same family the monthly fee will be reduced by 55\$ (for over 79 hours)

Starting September 1st, 2019

Hours of Care per Month	Monthly Fee
1-79 hours	\$18/hr (https://www.alberta.ca/incentives-to-work-in-child-care.aspx)
80 hours to 119 hours	\$840
120 hours to 169 hours	\$890
170 hours to 199 hours	\$940
200 hours to 229 hours	\$990
Over 230 hours	\$1,040

***Fee for over contracted hours to be paid directly to the Provider = \$16/hr**

Extended Care Fees

*Before 6 am and/or after 6 pm	+\$100 (additional provider fee)
*Weekends	+\$100 (additional provider fee)
*Before 6 am and/or after 6 pm and weekends	+\$150 (additional provider fee)
