



**ODYSSEY CHILDCARE 2005  
Application for Child Care  
CONFIDENTIAL**

*Please ensure this document has been completed in full. For rural addresses please use the full land location.*

Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Full Name of **Child**: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Days of Week \_\_\_\_\_ Times: arrival \_\_\_\_\_ departure \_\_\_\_\_

**Parent(s)**

**Mother**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Employer /School \_\_\_\_\_ Hours of Work: \_\_\_\_\_  
Work Address \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Father**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Employer /School \_\_\_\_\_ Hours of Work: \_\_\_\_\_  
Work Address \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child **may** be released to (other than the names listed above):

Relationship to child: \_\_\_\_\_

Child **may not** be released to: please supply copies of any court orders

Relationship to child: \_\_\_\_\_

**Note: No child may be released to anyone under the age of 16 years.**

## Medical Consent

Accidents or illnesses may happen at any time. In the event of an emergency or that you are not available the Agency requests that you give the Provider or staff permission to contact your child's physician or emergency treatment center.

Child's Alberta Health Care #: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_  
Office Name/Address: \_\_\_\_\_ Office Name/Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

I/we give Odyssey the authority to comply with the instructions of the above named people and/or authorized treatment center in the event of an emergency. I/we give Odyssey the authority to transport my child in the event of an emergency.

Signed: \_\_\_\_\_ DATE: \_\_\_\_\_

## Medical History

\*\*\*\*\*Please submit copies of your child's immunization records. These can be faxed directly from the Health Unit to Odyssey Childcare Inc. fax number 320-7767.  
(Please let your provider know when your child's Immunization are updated)  
\*\*\*\*\*Please attach copies of child's Alberta Healthcare card.

Contagious diseases my/our child has already experienced (ex. Chicken pox):

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

Any other health concerns and instructions (i.e. Asthma, allergies):

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

List any prescription medications your child takes regularly: \_\_\_\_\_

\_\_\_\_\_  
I/We certify that the above information is correct.

PARENT(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*If your child is not immunized, please supply a letter from your Physician and/or yourself. Thank you!\*\*\*\*\*

## Child Profile

Is the child's home language English: yes \_\_\_\_ no \_\_\_\_ if no please specify \_\_\_\_\_

Would you be willing to share literacy materials to the day home in your home language.  
Yes \_\_\_\_ No \_\_\_\_

Favorite Toy(s):

\_\_\_\_\_

Favorite activities:

\_\_\_\_\_

Discipline Procedures:

\_\_\_\_\_

Fears:

\_\_\_\_\_

### Eating Habits:

Please list any food allergies or dietary needs (i.e. sensitives, cultural restrictions)

\_\_\_\_\_

If your child is under 18 months list any foods you are concerned about your child being introduced to \_\_\_\_\_

### Adult Directed:

Bottle(s) \_\_\_\_\_ Approximate Time(s): \_\_\_\_\_

Baby Food \_\_\_\_\_ Time(s):Snack \_\_\_\_\_ Lunch \_\_\_\_\_ Snack \_\_\_\_\_

Solids \_\_\_\_\_ Time(s):Snack \_\_\_\_\_ Lunch \_\_\_\_\_ Snack \_\_\_\_\_

### Child Directed:

Drinking: sippy cup \_\_\_\_\_ cup \_\_\_\_\_ Eating: fingers \_\_\_\_\_ spoon \_\_\_\_\_ fork \_\_\_\_\_

### Toileting Habits.

My child: is \_\_\_\_\_ is not \_\_\_\_\_ toilet trained.

If Not: He/She wears: diapers \_\_\_\_\_ training pants \_\_\_\_\_ underwear \_\_\_\_\_

Diapers: disposable \_\_\_\_\_ Cloth \_\_\_\_\_ Diaper Creams used: Yes \_\_\_\_\_ No \_\_\_\_\_

Wipes used: Yes \_\_\_\_\_ No \_\_\_\_\_

If Is:

He/She uses the: Toilet \_\_\_\_\_ Potty Chair \_\_\_\_\_

He/She needs assistance on the toilet: Yes \_\_\_\_\_ No \_\_\_\_\_

He/She wets the bed during Naps: Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Note: You are required to provide enough toileting materials to the provider. The provider is not responsible for washing soiled or dirty clothing.**

Words used for: Bowel movements \_\_\_\_\_ Urination \_\_\_\_\_

Toilet routine used at home: \_\_\_\_\_

My child usually has \_\_\_\_\_ bowel movements a day

**Daily Routine:**

Naps: Yes \_\_\_\_\_ No \_\_\_\_\_ Morning: From \_\_\_\_\_ to \_\_\_\_\_

Afternoon: From \_\_\_\_\_ to \_\_\_\_\_

You know your child the best. If there are other details about your child that may help your provider to offer better care please outline them in the space provided:

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Would you be willing to share your family's cultural recipes, traditions and holiday experiences with the day home? yes \_\_\_\_\_ no \_\_\_\_\_