Child Development and Education

BACK-UP CARE FORM

Permanent Provider: ______________________ Tel: __________

Address: ______________________ City: __________

BACK-UP PROVIDER

Back-Up Provider: ______________________ Tel: __________

Address: ______________________ City: __________

Start Date: ______________ End Date: ______________

Voucher Start Date: ______________ Voucher End Date: ______________

Voucher is: Full Time ☐ Part Time ☐ Schedule: ______________________

My child will arrive to the program by:

- ☐ Parent Drop Off
- ☐ Supervised Walk
- ☐ Unsupervised Walk
- ☐ Public/Private Van (see Transpro intake)
- ☐ Bus
- ☐ Private Transportation provided by Parent

My child will depart the program by:

- ☐ Parent Pick Up
- ☐ Supervised Walk
- ☐ Unsupervised Walk
- ☐ Public/Private Van (see Transpro Intake)
- ☐ Bus
- ☐ Private Transportation provided by Parent

☐ I, ______________________ have been offered back-up care but have decided to refuse back-up care and stay with my children.

PARENT'S SIGNATURE: ______________________ **DATE:** __________

Child's Name: ______________________ DOB: __________

Child's Address: ______________________ Tel: __________

City: ______________________ State: __________

Medical Concerns/Allergies: ______________________

PARENT / GUARDIAN'S INFORMATION

Parent's/Guardian's Name: ______________________ Tel: __________

Place of Work: ______________________ Tel: __________

Special Instructions: ______________________

Emergency Pick-Up Person (1): ______________________ Tel: __________

Emergency Drop-Off Address: ______________________ City: __________

Emergency Pick-Up Person (2): ______________________ Tel: __________

Emergency Drop-Off Address: ______________________ City: __________

Doctor's Name: ______________________ Tel: __________

☐ Please attach the Individual Health Care Plan Form for any child with a chronic health condition or medical treatment plan.

Parent/Guardian initials: __________

Parent/Guardian initials: __________

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PARENTAL PERMISSIONS & ACKNOWLEDGEMENTS

I, ____, parent/guardian of ________________________________, will allow my child to go to Back-Up care at the provider's home stated above for the term indicated. I understand that this arrangement is temporary until my permanent provider returns.

I also authorize **CDE Staff** to make the necessary changes to my current transportation arrangements while my child is in Back-Up care at the new provider's home.

In the event of a medical emergency with my child, and I can't be reached, I authorize for **CDE Staff** or the **Back-Up Provider**, or my emergency contacts to transport my child to the nearest hospital for medical attention. I also understand that the provider is trained in the basics of First Aid and CPR and I authorize her or **CDE Staff** to give my child CPR or First Aid if needed. I authorize my emergency contacts to take custody of my child in the event that I cannot be reached.

PARENT'S SIGNATURE: ____ **DATE:**_____________________________

PARENT'S SIGNATURE: ____ **DATE:**_____________________________

☐ *I give the Back-Up Provider authorization to take my child off premises for walks to a nearby park.*

Provide copies to: Payroll Clerk, Director, Driver and the Provider's File.