



BOW VALLEY FAMILY CHILD CARE AGENCY

A Division of Davar Child Care Society
An Accredited Not-For-Profit Society and Registered Charity

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BACK UP CARE / SUBSTITUTE CARE AGREEMENT

Back-up/Substitute Care Agreement

I, _____, understand that back-up care may be provided in the following ways:

- Approved provider in her home.
- Approved provider in another provider's home.

Other caregivers that the Agency has approved (Substitute Caregivers). These substitutes may be approved at the request of the parent or provider.

In approving a substitute, Davar Child Care Agency must be satisfied that the person can provide an adequate care for the circumstances involved and person must be 18 yrs old.

I am aware my **Dayhome provider** _____, has the following person as an approved substitute caregiver;

Name: _____ **Relation to provider:** _____

I agree to comply fully with the policies of the Agency regarding Approve/Non-Approved Back-up Caregivers as outlined in the Davar Child Care Parent/Provider Handbook.

Parent Signature _____ **Date** _____

Consultant Signature: _____ **Date:** _____

