

Emergency Childcare **PLANNING BOOKLET**



Coordination and Production

Updated in 2024 by Noémi Trépanier and Gabrielle Rivard
Updated in 2017 by Audrey Gallant and Camille D. St-Laurent
Inspired by the work of Sonia Harvey

Publisher

MFRC Montreal Region

Graphic Design

Marion Ehly (Association des haltes-garderies communautaires du Québec)



TABLE OF CONTENTS

Introduction	p. 4
Family Member Information	p. 5
Minor Emergencies	p. 9
Major Emergencies	p. 11
Important Information	p. 13
Additional Informations	p. 16
Emergency Numbers	p. 17

Introduction

We have created this childcare plan for military families living in the region or moving here. It serves a number of purposes:

- If something unexpected disrupts your routine, you will have already taken the time to identify a trusted person who can take care of your little ones so that you can focus on dealing with the situation.
- You will have a record of all the specific important information about your children that you want to give the caregiver.
- You will have already located the resources you need to ensure your household runs smoothly, even before the situation arises.
- If your spouse is absent, you will have already identified alternative resources so that you are prepared.
- The plan creates an opportunity for you to talk to those you have identified in advance so that they are aware of the role they will play for your family in an emergency.
- If you need to use the MFRC's emergency childcare service, you will not forget any information required to ensure things go smoothly.

We hope you find this booklet useful and practical!

The MFRC Montreal Region team of social work services coordinators

Family Member Information

Adult 1 : _____

Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to child		
Workplace		
Work phone number		
Cellphone number		
Email address		
Home address		

Adult 2 : _____

Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to child		
Workplace		
Work phone number		
Cellphone number		
Email address		
Home address		

Family member residing in same home (child or other):

Name	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth/age (child)	
Home address	
Home phone number	
Any particular medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*(See additional information below)</i>
Cellphone number	
Email address	
Name of school or daycare	
School or daycare contact person name and phone number	

Family member residing in same home (child or other):

Name	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth/age (child)	
Home address	
Home phone number	
Any particular medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*(See additional information below)</i>
Cellphone number	
Email address	
Name of school or daycare	
School or daycare contact person name and phone number	

Family member residing in same home (child or other):

Name	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth/age (child)	
Home address	
Home phone number	
Any particular medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*(See additional information below)</i>
Cellphone number	
Email address	
Name of school or daycare	
School or daycare contact person name and phone number	

Family member residing in same home (child or other):

Name	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth/age (child)	
Home address	
Home phone number	
Any particular medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*(See additional information below)</i>
Cellphone number	
Email address	
Name of school or daycare	
School or daycare contact person name and phone number	

Family member residing in same home (child or other):

Name	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth/age (child)	
Home address	
Home phone number	
Any particular medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>*(See additional information below)</i>
Cellphone number	
Email address	
Name of school or daycare	
School or daycare contact person name and phone number	

Animals:

Name (1)	
Any particular medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veterinary clinic name and phone number	
Name (2)	
Any particular medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veterinary clinic name and phone number	
Name (3)	
Any particular medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Veterinary clinic name and phone number	

Minor Emergencies

EXAMPLES

Include going to a doctor's appointment or other appointment, being late to pick up a child from school or daycare, a military member being absent or a parent being injured making the day-to-day schedule unmanageable given the other parent's professional obligations.

Possible resources include grandparents, siblings, friends, colleagues, neighbours and the MFRC, depending on the situation and hours of operation.

■ First contact person's name: _____

Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to child		
Workplace		
Work phone number		
Cellphone number		
Email address		

■ Second contact person's name: _____

Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to child		
Workplace		
Work phone number		
Cellphone number		
Email address		

Major Emergencies

EXAMPLE

Situation requiring the dependant to be cared for for a number of days or emergency care for a variable amount of time over the short- or medium-term. Examples include the member being absent, the parent taking care of the children being injured and not being able to take care of the children; a single parent (temporarily or not) being injured and having to go to the hospital to receive treatment; a fire or mess rendering the home unlivable, domestic violence. Contact the MFRC for extraordinary situations for a personalized plan to fit the situation.

■ First contact person's name: _____

Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to child		
Workplace		
Work phone number		
Cellphone number		
Email address		

■ Second contact person's name: _____

Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to child		
Workplace		
Work phone number		
Cellphone number		
Email address		



■ Other resources in my region:

In the event of a major emergency, hospital services may suggest social work services or refer you to community organizations to help with housework, childcare, meals, etc. We strongly suggest that you take these offers up.

Resource name	Telephone number

It is also important to contact your personal insurance company to make a claim for money to deal with the situation (home, car, life, mortgage insurance).

Company name	Telephone number

Important Information

Family doctor's office

Family member 1: _____

Wake-up and bedtime	
Nap time	
Favourite comfort object	
Dietary restrictions	
Allergies (if they have an EpiPen, indicate where it is kept)	
Special needs (write down the need and what has to be done)	

■ Family member 2: _____

Wake-up and bedtime	
Nap time	
Favourite comfort object	
Dietary restrictions	
Allergies (if they have an EpiPen, indicate where it is kept)	
Special needs (write down the need and what has to be done)	

■ Family member 3: _____

Wake-up and bedtime	
Nap time	
Favourite comfort object	
Dietary restrictions	
Allergies (if they have an EpiPen, indicate where it is kept)	
Special needs (write down the need and what has to be done)	

■ Family member 4: _____

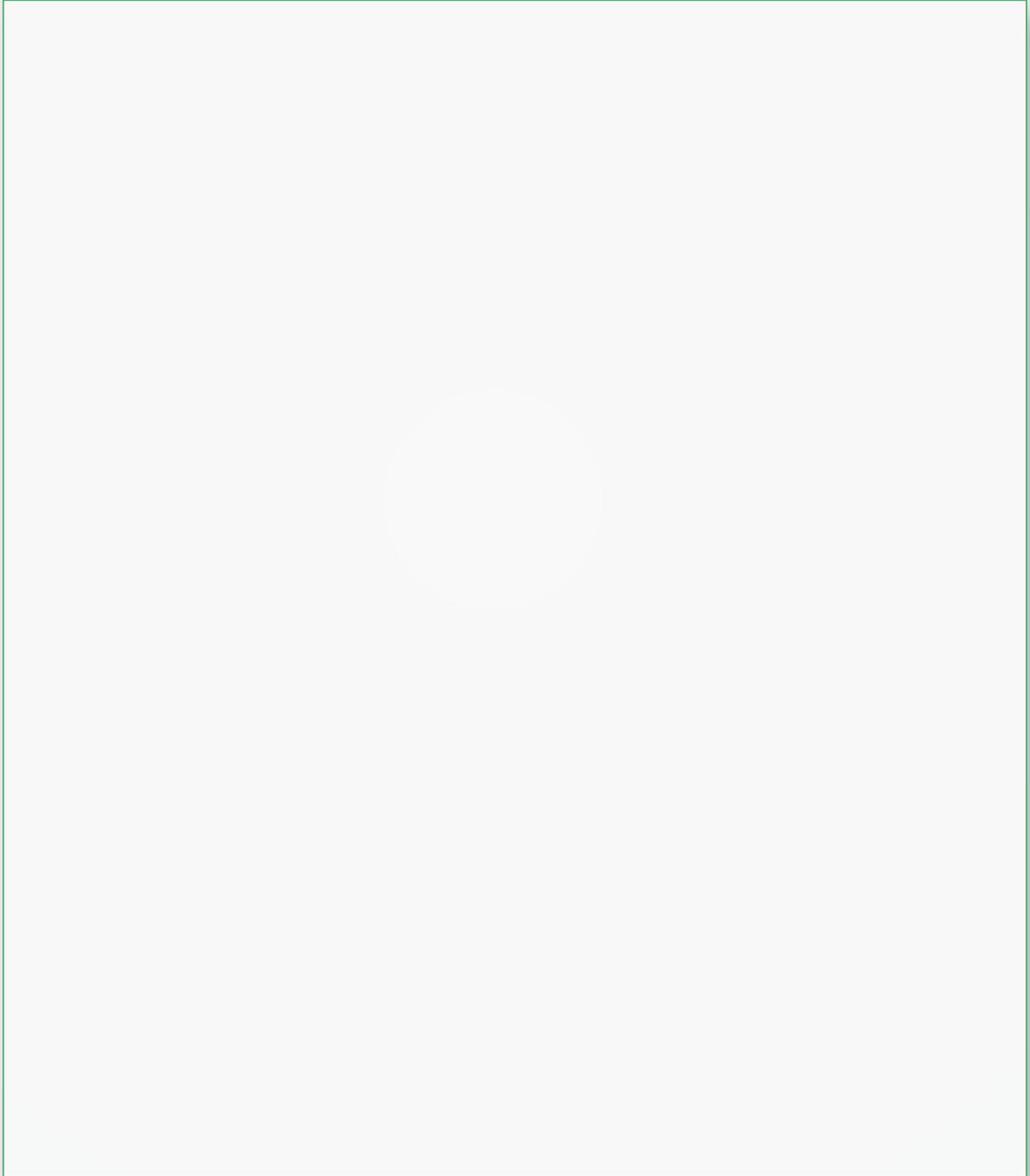
Wake-up and bedtime	
Nap time	
Favourite comfort object	
Dietary restrictions	
Allergies (if they have an EpiPen, indicate where it is kept)	
Special needs (write down the need and what has to be done)	

■ Animals: _____

Wake-up and bedtime	
Nap time	
Favourite comfort object	
Dietary restrictions	
Allergies (if they have an EpiPen, indicate where it is kept)	
Special needs (write down the need and what has to be done)	

Additional Information

List any important information here that was not mentioned above.



Emergency Numbers

Police / Ambulance	911
Info santé / Info social (health / psychosocial)	811
Crisis Line	988
Military Family information Line	1-800-866-4546
Poison Control Centre	1-800-463-5060
Parent Line	1-800-361-5085
Find your CLSC	1-800-707-3380 www.msss.gouv.qc.ca/en/index.php
Canadian Forces Housing Agency	1-800-903-2342 alfc-cfha.montreal@forces.gc.ca
Hydro-Québec	1-888-361-4568 www.hydroquebec.com/residential/
Videotron	1-866-380-2967 www.videotron.com/residential#
Gaz Métro	1-800-361-4568; 514-598-3222 www.energir.com/en
Bell Canada	310-2355 www.bell.ca
MFRC Montreal Region	Saint-Jean: 450-358-7099, ext. 7955 Saint-Hubert: 450-462-8777, ext. 6810 www.crfmmfrcmtl.ca/en/home



PSMA / MFSF
La Famille
La force
compartée

Military Families
Stronger Together
in Uniform



Canada

Military Family
Resource
Centre
Montreal Region

