## CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the childcare facility.

Child's Name:	Child is known by:			
Child's Birthday:	Child's home address:			
	City: State: Zip:			
Name(s) of parents/guardians:	Home telephone number:			
Address of parent/guardian				
City: State: Zip:				
Mother's Employer:	Father's Employer:			
Employer's Address:	Employer's Address:			
City: State: Zip:	City: State: Zip:			
Employer Telephone:	Employer Telephone:			
List alternate numbers:	Instruction on how to reach a parent/guardian in the event of an emergency:			
Mother Email:	Father Email:			

## Person(s) to be contacted in an emergency if parent/guardian cannot be reached:

Name	Relationship	Address			Telephone number
		City:	State:	Zip:	
		City:	State:	Zip:	
		City:	State:	Zip:	

Name of Child's Doctor:	Address:			Telephone number
	City:	State:	Zip:	

**Emergency Authorization:** 

I give permission for the childcare facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (*If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency:* 

Signature Date Form not valid without the signature of child's parent/guardian Page one of two form not valid without second page

## *Child's preadmission record (continued) page two of two – form not valid without first page.*

Describe any special needs instructions below, or allergies:

Person's the child may be released to:

Name	Relationship to child	Address			Telephone number
		City:	State:	Zip:	
		City:	State:	Zip:	
		City:	State:	Zip:	
		City:	State:	Zip:	
		City:	State:	Zip:	

I understand that the Department of Human Resources does not inspect activities away from the childcare facility. The licensee of the childcare facility assumes full responsibility for such activities.

Signature of parent / guardian

Date

\_/\_

I give permission for my child to participate in:

## Circle yes or no and sign each line

Activities away from the center	Yes	No	Signature parent / guardian	Date
Transportation provided by the facility	Yes	No	Signature parent / guardian	Date
Swimming/wading activities provided by the facility	Yes	No	Signature parent / guardian	Date

Form not valid without signature of child's parent / guardian in each space indicated above.

This section to be completed by the facility's staff.

Child's first day of attendance: \_\_\_\_\_\_ Child's withdrawal date: \_\_\_\_\_\_