## **CHILD'S PREADMISSION RECORD**

DHR-CDC-739

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.

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/gua City:		Zip:								
Mother's Employer:					Father's Employer:					
Employer's Address: City: State: Zip:					Employer's Address: 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 contacte	ed in an em	ergency if pare	ent/gu	ardian (	cannot be reach	ned:				
Name Relationship			Address				Telephone number			
			Cit	y:	State:	Zip:				
				City: State: Zip:						
			Cit	y:	State:	Zip:				
Name of Child's Doctor:  Address: City:		S	tate:	Zip:	Telep	hone number				
Emergency Authorizatic	on:									
give permission for the transportation, for my contact medical expenses incurrencedure the facility is	e childcare f child if I can red. (If pare	not be reached ent/guardian re	d imm efuses	ediately	. I agree to be r	esponsibl	e for any emergency			
							J			
				S	ignature			[		

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  Describe any special needs						ılid without f	īrst page.		
Person's the child may be r	eleased t	:0:							
Name R	Relationship to child			Address		Telep	Telephone number		
				City:	State:	Zip:			
				City:	State:	Zip:			
				City:	State:	Zip:			
				City.	State.	Σiμ.			
				City:	State:	Zip:			
				City:	State:	Zip:			
I understand that the Depo facility. The licensee of the		-			-			om the chil	dcare
Signature of parent / guardian									Dat
I give permission for my ch	ild to par			s or no a	and sign eac	h line			
Activities away from the center Yes No		Signat	ure parent / ខ្	guardian		Date			
Transportation provided by the Yes No facility		No	Signat	ure parent / ខ្	guardian		Date		
Swimming/wading activities Yes No provided by the facility		No	Signature parent / guardian				Date		
Form not valid v	without s	ignatı	ure of	child's pa	rent / guardi	an in each s <sub>l</sub>	pace indic	cated above	e.

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

Child's first day of attendance:	Child's withdrawal date:
This Child meets the definition of homele	ss according to the McKinney-Vento homeless Assistance Act.