

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.

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: 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 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: City: State: Zip:	Telephone number
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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 first day of attendance: _____ **Child's withdrawal date:** _____

☐ This Child meets the definition of homeless according to the McKinney-Vento homeless Assistance Act.