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 Child Care Facility (home/center).

Child Care Facility (home/c	ener).	Name child is known	by:	
Child's birthdate:		Child's home address:		
Name(s) of parent(s)/guardi	an(s):	Home telephone number: ()		
Address of parent(s)/guardi	an(s):			
Mother's employer:		Father's employer:		
Employer's address:		Employer's address:		
Employer's telephone numb	per: ()	Employer's telephone number: ()		
List telephone numbers suc etc.	ch as beeper, cellular phone,	Instructions regarding how parent/guardian may be reached in an emergency:		
Person(s) to be contacted	in an emergency if parent(s)	/guardian(s) cannot b	pe reached:	
Name	Relationship to child	Address	Telephone number	
	•			
Name of child's doctor:	Address:	T	elephone number:	
Emergency Author I give permission for the transportation, for my ch medical expenses incurred in accordance with instru	e child care facility to obtaild if I cannot be reached in I. I give permission for the actions from the poison continuate procedure the facility is to	ain emergency medi mmediately. I agree child care facility to a rol center. (If parent)	cal treatment, including emergen to be responsible for any emergen dminister Syrup of Ipecac to my chi guardian refuses to sign, instruction	

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

escribe any special needs or instructions	s below:			
Person(s) the child may be released to:				
Name Relationsh	Relationship to child		Address	Telephone number
way from the child care facil	lity (h	ome		-
way from the child care facil	lity (h pility fo	ome or su	or center). The licen	-
away from the child care facility assumes full responsib	lity (h Sign	ome or su nature pate i	or center). The licench activities. Tof parent/guardian n:	see of the child
away from the child care facilities facility assumes full responsib	lity (h Sign	ome or su nature pate i	or center). The licen ch activities. of parent/guardian	Date
away from the child care facility assumes full responsib	Sign	ome Dr su nature pate i	or center). The licench activities. Tof parent/guardian n: or no and sign each line)	Date Date
away from the child care facility assumes full responsible give permission for my child to put the facility:	Sign partici (Circ	ome or such	or center). The licench activities. Tof parent/guardian n: or no and sign each line) Signature of parent/guardian	Date Date Date
away from the child care facility assumes full responsib	Sign Dartici (Circ yes yes	no no	or center). The licench activities. of parent/guardian n: or no and sign each line) Signature of parent/guardian Signature of parent/guardian	Date Date Date Date
away from the child care facility assumes full responsible give permission for my child to put the facility: Transportation provided by the facility: Swimming/wading activities provided by the facility:	Sign Dartici (Circ yes yes yes	no no	or center). The licench activities. of parent/guardian n: or no and sign each line) Signature of parent/guardian Signature of parent/guardian	Date Date Date Date