H. Child's preadmission record

DHR-CDC-739 Revised 1/06

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's Name:		Name child is kno	wn by:		
Child's birthdate:		Child's home address:			
Name(s) of parent(s)/guardian(s):		Home telephone number: ()			
Address of parent(s)/guardia	n(s):				
Mother's employer:		Father's employer:			
Employer's address:		Employer's address:			
Employer's telephone numb	er: ()	Employer's telephone number: ()			
List telephone numbers such etc.	h as beeper, cellular phone,	Instructions regarding how parent/guardian may be reached in an emergency:			
Person(s) to be contacted i	in an emergency if parent(s)/guardian(s) cann	ot be reacl	ned:	
Name	Relationship to child	Address		Telephone number	
Name of child's doctor:				lephone number:	
	Address:			ne number:	
	Address:		_	ne number:	
Emergency Author I give permission for the transportation, for my chi	ization: c child care facility to obtood if I cannot be reached it. (If parent/guardian refuses	mmediately. I agr	edical tre	ne number: atment, including emergence esponsible for any emergence attached stating what procedur	
Emergency Author I give permission for the transportation, for my chi medical expenses incurred.	ization: e child care facility to ob- ld if I cannot be reached i . (If parent/guardian refuses emergency.)	mmediately. I agr	edical tre	atment, including emergenc esponsible for any emergenc	

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

Decoribe any special peods or instructions	holowe					
Describe any special needs or instructions	nelow:					
Person(s) the child may be released to:						
Name Relationshi	ip to child		Address Tele		ephone number	
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	me o ich ac	r cen tivitie	ter). The licensee of			
assumes full responsibility for su	me on one of other order of the other order orde	r cen tivitie ature pate i	of parent/guardian	f the child		
assumes full responsibility for su	Signartici	r centivitie cature pate i	of parent/guardian n: r no and sign each line)	f the child	d care fac	
assumes full responsibility for su	me on one of other order of the other order orde	r cen tivitie ature pate i	of parent/guardian	f the child		
assumes full responsibility for su	Signartici	r centivitie cature pate i	of parent/guardian n: r no and sign each line)	f the child	d care fac	
	Sign articip (Circ	r centivitie	of parent/guardian o: r no and sign each line) Signature of parent/guardia	f the child / Date an	Date	
I give permission for my child to p Activities away from the facility: Transportation provided by the facility:	Signartici (Circ yes yes	r centivitie	of parent/guardian n: r no and sign each line) Signature of parent/guardia Signature of parent/guardia	f the child / Date an	Date Date Date	
assumes full responsibility for sure give permission for my child to permis	Signarticing (Circ yes yes	r centivitie	of parent/guardian n: r no and sign each line) Signature of parent/guardia Signature of parent/guardia	f the child / Date an	Date Date Date	
give permission for my child to p Activities away from the facility: Transportation provided by the facility: Swimming/wading activities provided by the facility: Form not valid without signature.	Signarticing (Circ yes yes	no no child's	of parent/guardian n: n no and sign each line) Signature of parent/guardia Signature of parent/guardia Signature of parent/guardia	Date Date an ch space in	Date Date Date	