

## REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

			то в	E COMPLETED	BY THE FACILITY				
ignature:				Relatio	Relationship to child:		Date:		
		Las	t		First		M.I.		
		Las	it		First		M.I.		
•		Las	st		First		M.I.		
Designated	individual authoriz	zed to rec	eive child at	end of session	n:				
	-	Number	Street	Apt. #	State ZIP		Phone #		
	Address:	Last	First	M.I.		Relationship t	o cmia: <u> </u>		
erson to b	e contacted in case	or an em	ergency (oth	er tnan parer	u/guaraian):	Dolotionshi- t	o ahild:		
		Numbe					Apt. #	State	ZIP
	Business Address:	Numb					Apt. #	State	ZIP
	Home Address:			1 1150	171.1.	Business #			
Relative or	Guardian:	La	iet	First	M.I.	Home #			
		Numb	per Street				Apt. #	State	ZIP
	Business Address:	Numb	per Street				Apt. #	State	ZIP
Parent:	Home Address:	Last	First	M.I.		Home # Business #			
	_ 3511055 1 1441055.	Numb	er Street				Apt. #	State	ZIP
	Home Address: Business Address:	Numb	per Street				Apt. #	State	ZIP
Parent:		Last	First	M.I.		Home # Business #			
		Numb	per Street				Apt. #	State	ZIP
	Home Address:								
	Date of Birth:			Home #:		Language Spoken At Home			