## G. Child's preadmission record

DHR-CDC-739

## CHILD'S PREADMISSION RECORD

This section is to be comp Child Care Facility (home/c	enter).	0	ast oc kept in the chita's the in the	
Child's Name:		Name child is known by:		
Child's birthdate:		Child's home address:		
Name(s) of parent(s)/guardia	an(s):	Home telephone number:	( )	
Address of parent(s)/guardia	nn(s):			
Mother's employer:		Father's employer:		
Employer's address:		Employer's address:		
Employer's telephone number: ( )		Employer's telephone number: ( )		
List telephone numbers such as beeper, cellular phone, etc.		Instructions regarding how parent/guardian may be reached in an emergency:		
Person(s) to be contacted i	n an emergency if narent(s)	(guardian(s) connot be re	achod.	
Person(s) to be contacted i Name	n an emergency if parent(s)  Relationship to child	)/guardian(s) cannot be re Address		
Person(s) to be contacted i Name	n an emergency if parent(s)  Relationship to child		ached: Telephone number	
Person(s) to be contacted i Name	n an emergency if parent(s)  Relationship to child			
Person(s) to be contacted i  Name	n an emergency if parent(s) Relationship to child			
Name	Relationship to child	Address	Telephone number	
Person(s) to be contacted i  Name  Name  Name of child's doctor:	n an emergency if parent(s)  Relationship to child  Address:	Address		
Name of child's doctor:  Emergency Authorized I give permission for the transportation, for my child	Address:  Zation: child care facility to obta d if I cannot be reached in	Address  Telepl ( ain emergency medical to the composite	Telephone number	

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

Page one of two-form not valid without second page

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erson(s) the child may be released  Name Relati	i to: ionship to c	ain to shild		
Relati	mismit to c	ши	Address	Telephone number
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give permission for my child	Sign to partici	natur	es.  cof parent/guardian in: or no and sign each line)	of the child care  / Date
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