

Please submit the following for Scholarship Programs or State Assistance: CMA Application / Parent ID / Utility Bill or Lease / Four Most Recent Paycheck Stubs or Offer Letter / Birth Certificates of all the children in the household / SNAP or TANF notification letter.

<<< Please ensure that you leave your child with an adequate amount of diapering materials each day and a change of clothes for incidents.>>>

Children play extra hard while they are at school. Please dress them accordingly to do so.

PLEASE SIGN YOUR CHILD IN AND OUT EACH DAY WITH YOUR FULL SIGNATURE. THIS IS MANDATORY PER DHR RULES. :)

PLEASE PICK YOUR CHILD UP ON TIME TO AVOID PAYING LATE FEES. 5:30 IS PICK UP TIME. 6:00 IS AN EXTENDED COURTESY.

PLEASE PAY TUITION ON TIME TO AVOID ANY SUSPENSIONS. ***PLEASE UPDATE YOUR CMA RECERTIFICATIONS ON TIME.

G. Child's preadmission record

DHR-CDC-739



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.

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's telephone number: ()	Employer's telephone number: ()
List telephone numbers such as beeper, cellular phone, etc. in an emergency: _____	Instructions regarding how parent/guardian may be reached
Cell Phone Carrier:	

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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Emergency Authorization:

I give permission for the child care 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 signature of child's parent/guardian

Page one of two-form not valid without second page



Child's Preadmission Record (continued) - page two of two - form not valid without first page

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility. The licensee of the child care facility assumes full responsibility for such activities.

_____/_____
Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

☐ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.

*By signing this application, I am in agreeance that my child's picture may be shown in promotional media as it relates to the center's promotional capacity via the Internet, social media, email correspondence to parents, and print. I reserve the right to opt out of this automatic inclusion by submitting a request within 14 days of this application.