

Family Child Care Admission and Arrangements

PLEASE PRINT. Complete one form for each child in care. This form must be kept on file at the family child care home. Please Note: Pursuant to MN Rules 9502.0405, subpart 4, the provider shall obtain the required information for each child prior to admission and keep the information up to date.

CHILD INFORMATION

Last Name		First Name	Birthdate (mm/dd/yyyy)	Date Enrolled in Care
Address		City	State	Zip Code

PARENT OR GUARDIAN # 1

Last Name		First Name	Place of Employment and Work Phone No.	
Address of Employer		City	State	Zip Code
Email		Home Phone		Cell Phone
Address (if different from child)		City	State	Zip Code

PARENT OR GUARDIAN # 2

Last Name		First Name	Place of Employment and Work Phone No.	
Address of Employer		City	State	Zip Code
Email		Home Phone		Cell Phone
Address (if different from child)		City	State	Zip Code

EMERGENCY CONTACT FOR CHILD IF PARENTS CAN'T BE REACHED One Contact Required

Last Name		First Name	Relationship and Phone Number	
Address		City	State	By checking I am authorizing this person to pick up my child
Last Name		First Name	Relationship and Phone Number	
Address		City	State	By checking I am authorizing this person to pick up my child
Last Name		First Name	Relationship and Phone Number	
Address		City	State	By checking I am authorizing this person to pick up my child

EMERGENCY INFORMATION FOR CHILD

Hospital to be used for emergencies		Physician's Name		Telephone	
Address		City	State	Zip Code	
Dentist to be used for emergencies		Dentist's Name		Telephone	
Address		City	State	Zip Code	

CHILD CARE PROVIDER

Name		License #	
Address	City	State	Zip Code

ARRANGEMENTS

Financial Arrangements

Services Provided (Including Days, Hours, Meals, Etc.)

Special Conditions (Special Diet, Special Needs)

Does Your Child Have Allergies YES NO NOTE: If Yes, Complete the [Allergy Information Form](#)

LIABILITY INSURANCE NOTIFICATION

Pursuant to 245A.152(a) A license holder must provide a written notice to all parents or guardians of all children to be accepted for care prior to admission stating whether the license holder has liability insurance. This notice may be incorporated into and provided on the admission form used by the license holder. Select one of the options below.

I do have liability insurance. A current certificate of coverage of insurance is available for inspection to all parents and guardians of children receiving services and to all parents seeking services from the family child care program. The expiration date is:

I do not have liability insurance

PERMISSIONS

AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER AS NAMED IN THE ITEM ABOVE, TO PROVIDE TRANSPORTATION FOR MY CHILD
Yes No

ANY SPECIAL TRAVEL ARRANGEMENTS

I have received a copy of the maltreatment of minors mandated reporter policy

AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER AS NAMED IN THE ITEM ABOVE, TO OBTAIN EMERGENCY MEDICAL CARE OR TREATMENT IN THE EVENT OF AN EMERGENCY Yes No

AUTHORIZATION: We the undersigner hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the information required in the rule part 9502.0405

Signature of Child Care Provider	Date
Signature of Parent / Guardian	Date
Signature of Parent / Guardian	Date
