

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 (home/center).

Child's Name: <input style="width: 90%;" type="text"/>	Name child is known by: <input style="width: 90%;" type="text"/>
Child's birthdate: <input style="width: 90%;" type="text"/>	Child's home address: <input style="width: 90%;" type="text"/>
Name(s) of parent(s)/guardian(s): <input style="width: 90%;" type="text"/>	Home telephone number: <input style="width: 90%;" type="text"/>
Address of parent(s)/guardian(s): <input style="width: 90%;" type="text"/>	
Mother's Employer: <input style="width: 90%;" type="text"/>	Father's Employer: <input style="width: 90%;" type="text"/>
Mother's Email Address: <input style="width: 90%;" type="text"/>	Father's Email Address: <input style="width: 90%;" type="text"/>
Employer's address: <input style="width: 90%;" type="text"/>	Employer's address: <input style="width: 90%;" type="text"/>
Employer's Telephone Number: <input style="width: 90%;" type="text"/>	Employer's Telephone Number: <input style="width: 90%;" type="text"/>
List telephone numbers such as pager, cellular phone, etc. <input style="width: 90%;" type="text"/>	Instructions regarding how parent/guardian may be reached in an emergency: <input style="width: 90%;" type="text"/>

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

Name	Relationship to child	Address	Telephone number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name of child's doctor: <input style="width: 90%;" type="text"/>	Address: <input style="width: 90%;" type="text"/>	Telephone number: <input style="width: 90%;" type="text"/>
--	---	--

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

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 (home or center). 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 <input type="checkbox"/>	no <input type="checkbox"/>	Signature of parent/guardian	Date <div style="border: 1px solid black; height: 20px;"></div>
Transportation provided by the facility:	yes <input type="checkbox"/>	no <input type="checkbox"/>	Signature of parent/guardian	Date <div style="border: 1px solid black; height: 20px;"></div>
Swimming/wading activities provided by the facility:	yes <input type="checkbox"/>	no <input type="checkbox"/>	Signature of parent/guardian	Date <div style="border: 1px solid black; height: 20px;"></div>

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.