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:		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)/guardia	an(s):		<u> </u>		
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	in an eme	rgency if parent(s))/guardian(s) cann	ot be reac	hed:
Name	Relati	onship to child	Address		Telephone number
Name of child's doctor:		Address:		Telephone number:	
Emergency Author					

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

Page one of two-form not valid without second page

escribe any special needs or instructions	below.				
				_	
rson(s) the child may be released to:					
Name Relationshi	ationship to child		Address	Telephone number	
	Sign	ature	of parent/guardian	 Date	
	J			Duic	
give permission for my child to p	_		n: or no and sign each line)		
Activities away from the facility:	yes	no	Signature of parent/guardian	Date	
carries away nom me facility.			biginature or parentiguardian		
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date	
	yes	no		Date Date	
Transportation provided by the facility:	yes	no	Signature of parent/guardian Signature of parent/guardian	Date	
Transportation provided by the facility: Swimming/wading activities provided by the facility:	yes ure of (no child's	Signature of parent/guardian Signature of parent/guardian	Date	

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