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	nn(s):			
Mother's Employer:		Father's Employer:		
Mother's Email Address:		Father's Email Addre	SS:	
Employer's address:		Employer's address:		
Employer's Telephone Num	aber: ()	Employer's Telephone Number: ()		
List telephone numbers succetc.	ch as pager, cellular phone,	Instructions regarding how parent/guardian may be reached in an emergency:		
Person(s) to be contacted i	n an emergency if parent(s)	/guardian(s) cannot b	e reached:	
Person(s) to be contacted i	n an emergency if parent(s) Relationship to child	guardian(s) cannot be Address	e reached: Telephone number	
		Address		
Name Name of child's doctor: Emergency Author I give permission for the transportation, for my chi	Address: ization: e child care facility to obtaild if I cannot be reached in a common of the common	Address To a control of the control	Telephone number	

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

Page one of two-form not valid without second page

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Person(s) the child may be released to: Name Relationshi	ip to child		Address T	elephone number
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Additional information may be attached.