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):			
Mother's Employer:		Father's Employer:		
Mother's Email Address:		Father's Email Address:		
Employer's address:		Employer's address:		
Employer's Telephone Num	nber: ()	Employer's Telephone Number: ()		
List telephone numbers suc etc.	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 be r	eached:	
Person(s) to be contacted i	n an emergency if parent(s) Relationship to child	/guardian(s) cannot be r Address	eached: 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 . (If parent/guardian refuses to emergency.)	Address Tele (tain emergency medical mmediately. I agree to	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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Additional information may be attached.