G. CHILD'S PREADMISSION RECORD

DHR-CDC-739

FORM MUST BE OPENED/COMPLETED IN ADOBE READER/ACROBAT. ONCE FORM IS COMPLETED, CLICK SUBMIT.

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)/guardian(s):	Address of parent(s)/guardian(s):
Mother's Employer:	Father's Employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's Telephone Number:	Employer's Telephone Number:
List telephone numbers etc.	Emergency instructions:

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

Name	Relationship to child	Address	Telephone Number

Name of child's doctor:	Address:	Telephone Number:

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:

(Select yes or no and sign each line)

Activities away from the facility:	**Yes**	**No**	**Signature of parent/guardian**	**Date**
Transportation provided by the facility:	**Yes**	**No**	**Signature of parent/guardian**	**Date**
Swimming/wading activites provided by the facility.	**Yes**	**No**	**Signature of parent/guardian**	**Date**

Form not valid without signature of child' 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 Act.**

SUBMIT