H. Child's preadmission record

DHR-CDC-739 Revised 1/06

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:			
Employer's address:		Employer's address:			
Employer's telephone numb	per: ()	Employer's telephone number: ()			
List telephone numbers suc etc.	ch as beeper, cellular phone,	Instructions regarding how parent/guardian may be reached in an emergency:			
Decrees(a) to be count at 1	•				
Person(s) to be contacted	in an emergency if parent(s))/guardian(s) cannot be rea	ched:		
Name	Relationship to child)/guardian(s) cannot be rea	ched: Telephone number		
		Address			
Name Name of child's doctor: Emergency Author I give permission for the transportation, for my chi	Address: Address: e child care facility to obtaild if I cannot be reached in the interpretation of the inter	Address Teleph (tain emergency medical temmediately. I agree to be	Telephone number		

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

Page one of two-form not valid without second page

	below				
rson(s) the child may be released to:					
Name Relationship	Relationship to child		Address	Telephone number	
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