## G. Child's preadmission record

DHR-CDC-739

## CHILD'S PREADMISSION RECORD

| Child Care Facility (home/center). Child's Name:            |  | Name child is known by:  |  |    |  |
|---|--|--|--|----|--|
| omita s rame.   |  | rame emid is kno   |  |    |  |
| Child's birthdate:  | ar references (All are                                 | Child's home address:  |  |    |  |
| Name(s) of parent(s)/guard                                  | ian(s):  | Home telephone number: ( )   |  |    |  |
| Address of parent(s)/guard                                  | ian(s):  | place pay has a majority of the transfer                                   | Control of the second of the s |    |  |
| Mother's employer:  |  | Father's employer:   |  |    |  |
| Employer's address:   |  | Employer's address:  |  |    |  |
| Employer's telephone num                                    | aber: ( )  | 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<br>Name                           | l in an emergency if parent(s<br>Relationship to child | s)/guardian(s) canno<br>Address  |  | er |  |
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| S V VC Section (Section 1997)                               |  | ne pub size rich.  | (interpretation of the control of th |    |  |
| and the second second second second                         | S Chiange Control of the                               | in proposition of provi  | Life Joseph 25   | 4  |  |
|   | ame of child's doctor: Address:                        |  | Telephone number:  |    |  |
| Name of child's doctor:                                     | Address.   |  | receptione number.   |    |  |
| Name of child's doctor:                                     | Address.   |  | ( )  |    |  |

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|  | or instructions b  |                           |                  |  |                            |                            |  |
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|  |  |                           |                  |  |                            |                            |  |
| son(s) the child may be  | released to:   |                           |                  |  |                            |                            |  |
| Name   | Relationship   |                           | ld               | Address Telep  |                            | hone number                |  |
|  |  |                           |                  |  |                            |                            |  |
|  | en a letter of   |                           |                  |  |                            |                            |  |
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| om the child care  | facility (hor  | me oi<br>ch ac            | r cen<br>tivitie | ter). The license  | not inspect<br>e of the ch | t activities<br>ild care f |  |
| om the child care<br>ssumes full respons   | facility (hor<br>ibility for su  | Sign                      | tivitie  ature   | of parent/guardian   | e of the ch                | activities                 |  |
| om the child care<br>ssumes full respons   | facility (hor<br>ibility for su  | Signartici                | ature            | of parent/guardian  n: or no and sign each line)   | Date                       | ild care 1                 |  |
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| om the child care sumes full response give permission for reactivities away from the fa  | facility (hor such that the parties of the parties  | Signartici                | ature            | of parent/guardian  n: or no and sign each line)   | Date                       | ild care 1                 |  |
| give permission for nactivities away from the factivities away from th | ny child to pa   | Signarticip (Circ yes     | ature pate i     | of parent/guardian  n: or no and sign each line)  Signature of parent/gu  Signature of parent/gu | Date  Ardian               | Date Date                  |  |
| om the child care sumes full response give permission for reactivities away from the fa  | ny child to pa   | Sign<br>articip<br>(Circ  | ature pate i     | of parent/guardian  n: r no and sign each line)  Signature of parent/gu                          | Date  Ardian               | Date                       |  |
| cive permission for ractivities away from the facultity:   | my child to particularly:  by the facility:  es provided by  | Signarticip (Circ yes yes | no no            | of parent/guardian  n: or no and sign each line)  Signature of parent/gu  Signature of parent/gu | Date  Ardian  ardian       | Date Date Date             |  |