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).

	center).	Name child is know	n by:	
Child's birthdate:		Child's home address:		
Name(s) of parent(s)/guardian(s):		Home telephone number:		
Address of parent(s)/guardi	an(s):			
Mother's employer:		Father's employer:		
Employer's address:		Employer's address:		
Employer's telephone number	ber:	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	in an emergency if parent(s)	 /guardian(s) cannot	be reached:	
Name	Relationship to child	Address	Telephone number	
	Address:	-	Telephone number:	
Name of child's doctor:				

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:	<u> </u>				
Person(s) the child may be released to:						
Name Relationship	nip to child		Address	Telephon	Telephone number	
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Additional information may be attached.