

(SAMPLE)
CHILD'S ADMISSION RECORD

Date of Enrollment: _____

1. Child's Name: _____ Birth Date: _____

Name by which child is most often called: _____

Home Address: _____

Home Telephone: _____ Home Email: _____

2. Father or Guardian's Name: _____ Phone: _____

Cell: _____ Pager: _____

Address (If different from child): _____

Employer Name, Address, and Phone: _____

3. Mother or Guardian's Name: _____ Phone: _____

Cell: _____ Pager: _____

Address (If different from child): _____

Employer Name, Address, and Phone: _____

4. Special instructions for reaching the parent, guardian, or emergency contacts during the hours child is in care: _____

5. If neither parent nor guardian can be reached in case of emergency call: _____

a) Name: _____ Relationship: _____

Phone: _____ Cell: _____

Address: _____

b) Name: _____ Relationship: _____

Phone: _____ Cell: _____

Address: _____

6. Person (s) designated to pick up or deliver child (include relationship, address, & phone, if not listed above): _____

a) Name: _____

b) Name: _____

c) Name: _____

7. Person (s) not permitted to call for child: _____
8. Child's Doctor: _____
(Name) (Telephone)
9. Child's Dentist: _____
(Name) (Telephone)
10. Hospital of Choice: _____
(Name) (Telephone)
11. Other children in family (please list name, age and sex of each): _____

12. Other adults in family (list relation to child): _____
13. Please give any information concerning your child which will be helpful:
- Play habits: _____
- Eating behavior: _____
- Sleeping pattern: _____
- Fears: _____
- Likes and dislikes: _____
- Other: _____
14. Previous experience in child care: _____
15. List any chronic problems that your child has, e.g., seizures, asthma, diabetes, heart disease, respiratory illness, allergies, drug reactions: _____

16. Describe any allergies, including any foods which have caused adverse reactions, or any food not to be given to the child for health or religious reasons: _____

Please Note: Health Report and any necessary Health Care Plan must also be completed.

Information must be updated as needed, and at least annually.

Signature of Parent or Guardian: _____ Date: _____