

## 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)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: (    )	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

Name of child's doctor:	Address:	Telephone number: (    )
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**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:

(Circle yes or no and sign each line)

	yes	no	Signature of parent/guardian	Date
Activities away from the facility				
Transportation provided by the facility:				
Swimming/wading activities provided by the facility:				

Form not valid without signature of child's 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: \_\_\_\_\_

*Additional information may be attached.*

Individual Transportation/Arrival/Departure Plan  
For Children Transported to Center by Parents/  
Guardians/Other Designated Individuals

I \_\_\_\_\_, or a person authorized by me, will bring  
\_\_\_\_\_ to Kiddie World, at \_\_\_\_\_ each day.

I or an authorized person will accompany my child into the  
Care of his/her teacher.

I \_\_\_\_\_, or a person authorized by me will pick up  
my child each day at \_\_\_\_\_. I understand that, I or the  
authorized person must sign my child out each day, upon his/her  
departure from the center. I further understand that my child will  
not be released to anyone other than person(s) whom I have  
authorized, in writing, to receive my child.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Dear Parents,

Kiddie World is excited to have a Facebook page! With your permission, we would like to share fun pictures of the children learning and playing at Kiddie World.

Please check and sign below, indicating your preference.

\_\_\_\_\_ Yes, Kiddie World has my permission to share fun pictures of my child,

\_\_\_\_\_ on Facebook.

\_\_\_\_\_ No, please do not share pictures of my child,

\_\_\_\_\_ on Facebook.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_