



Great Beginnings LEARNING CENTER

CHILD' S PREADMISSION RECORD 2024-2025

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 WK#	Father's WK#
Mother's Email Address:	Father's Email Address:
Mothers Social security #	Father social security #
	Employer's Telephone Number: ()
List telephone numbers such as pager, 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.)*

Required information

_____ / _____
Signature

Date

Form not valid without signature of child's parent/guardian
Page one of two-form not valid without second page

All Information is required for enrollment

