## 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:

		Traine chira is known		
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 WK#		Father's WK#		
Mother's Email Address:		Father's Email Addre	ess:	
Mothers Social security #		Father social security #		
		Employer's Telephone Number: ( )		
etc.	ch as pager, cellular phone,	reached in an emerge		
Person(s) to be contacted in Name	in an emergency if parent(s)  Relationship to child			
Ivaine	Ketauonsinp to ciniu	Address	Telephone number	
Name of child's doctor:	Address:	<b>T</b> (	Telephone number:	
Emergency Author I give permission for th		tain emergency medi	ical treatment, including emerger	

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

Describe any special needs or instructions	below:				
Person(s) the child may be released to:					
Name Relationship	ip to child		Address	Telephone number	
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Additional information may be attached.