



REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

***Child:** _____ Sex: Male Female
Last First M.I.
 Date of Birth: _____ Home #: _____ Language Spoken At Home _____
 Home Address: _____
Number Street Apt. # State ZIP

***Parent:** _____ Home # _____
Last First M.I. Business # _____
 Home Address: _____
Number Street Apt. # State ZIP
 Business Address: _____
Number Street Apt. # State ZIP

Parent: _____ Home # _____
Last First M.I. Business # _____
 Home Address: _____
Number Street Apt. # State ZIP
 Business Address: _____
Number Street Apt. # State ZIP

***Relative or Guardian:** _____ Home # _____
Last First M.I. Business # _____
 Home Address: _____
Number Street Apt. # State ZIP
 Business Address: _____
Number Street Apt. # State ZIP

***Person to be contacted in case of an emergency (other than parent/guardian):**
 _____ Relationship to child: _____
Last First M.I.
 Address: _____
Number Street Apt. # State ZIP Phone #

***Designated individual authorized to receive child at end of session:**

Last First M.I.

Last First M.I.

Last First M.I.

***Signature:** _____ ***Relationship to child:** _____ ***Date:** _____

TO BE COMPLETED BY THE FACILITY

Date of Admission: _____
Date of Withdrawal: _____ **Reason:** _____