



CHILD'S IDENTIFICATION RECORD

Child's Full Legal Name _____ Date Enrolled _____
Child's Preferred Name _____ Sex _____ Birthdate _____
Address _____ City _____ Zip _____ Phone _____

Who has legal custody? _____ Relationship _____
Address _____ City _____ Zip _____ Phone _____

Child lives with _____

Parent's Name _____ Cell Phone/Pager _____ Phone _____
Home Address _____ City _____ Zip _____
Place of Employment _____ Phone _____
Address _____ City _____ Zip _____

Parent's Name _____ Cell Phone/Pager _____ Phone _____
Home Address _____ City _____ Zip _____
Place of Employment _____ Phone _____
Address _____ City _____ Zip _____

Persons permitted to remove child:
Name _____ Address _____
City _____ Zip _____ Phone _____
Relationship to the child _____
Name _____ Address _____
City _____ Zip _____ Phone _____
Relationship to the child _____

Is your child related to this provider? _____ If so, how? _____

Person to be notified IN CASE OF EMERGENCY when parent or guardian cannot be reached:
Name _____ Address _____
City _____ Zip _____ Phone _____
Cell Phone/Pager _____

Name _____ Address _____
City _____ Zip _____ Phone _____
Cell Phone/Pager _____

Child's Physician/Health Care Resource _____ Phone _____
Address _____ City _____ Zip _____

Child's Dentist _____ Phone _____
Address _____ City _____ Zip _____

Communicable diseases child has had (give dates) _____

Does your child have any of the following problems? Earaches _____ Diabetes _____
Allergies _____ Skin Problems _____ Eating Problems _____
Vomiting/Diarrhea _____ Frequent Sore Throats/Colds _____ Other Chronic Conditions _____
Physical or Mental Disabilities _____

List all identifying scars, birthmarks, skin discolorations _____

Special needs of child _____

Instructions regarding toileting _____

Child's habits, fears, etc. _____

Any other information that you wish known? _____

My child's hours in care are as follows: _____ am/pm to _____ am/pm.

My child is in care on: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Dinner Eve Snack

I have received the "Know Your Child's Family Day Care Home" brochure.

Signature of Parent or Legal Guardian

Date

PLEASE ATTACH CHILD'S HRS-H 3040 STUDENT HEALTH EXAMINATION FORM AND DH 680 IMMUNIZATION FORM.