

Family Child Care Admission and Arrangements

PLEASE PRINT. Complete one form for each child in care. This form must be kept on file at the family child care home. Please Note: Pursuant to MN Rules 9502.0405, subpart 4, the provider shall obtain the required information for each child prior to admission and keep the information up to date.

CHILD INFORMATION

Last Name		First Name	Birthdate (mm/dd/yyyy)	Date Enrolled in Care
Address		City	State	Zip Code

PARENT OR GUARDIAN # 1

Last Name		First Name	Place of Employment and Work Phone No.	
Address of Employer		City	State	Zip Code
Email		Home Phone		Cell Phone
Address (if different from child)		City	State	Zip Code

PARENT OR GUARDIAN # 2

Last Name		First Name	Place of Employment and Work Phone No.	
Address of Employer		City	State	Zip Code
Email		Home Phone		Cell Phone
Address (if different from child)		City	State	Zip Code

EMERGENCY CONTACT FOR CHILD IF PARENTS CAN'T BE REACHED One Contact Required

Last Name		First Name	Relationship and Phone Number	
Address		City	State	By checking I am authorizing this person to pick up my child
Last Name		First Name	Relationship and Phone Number	
Address		City	State	By checking I am authorizing this person to pick up my child
Last Name		First Name	Relationship and Phone Number	
Address		City	State	By checking I am authorizing this person to pick up my child

EMERGENCY INFORMATION FOR CHILD

Hospital to be used for emergencies		Physician's Name		Telephone	
Address		City	State	Zip Code	
Dentist to be used for emergencies		Dentist's Name		Telephone	
Address		City	State	Zip Code	

