

CHILD'S ADMISSION RECORD

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:	
Child's Birth Date:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number:
Address of parent(s)/guardian(s): City: State: Zip:	Email address:
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number:	Employer's telephone number:
List telephone numbers such as 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	Telephone number	Comments

Emergency Authorization:

Name of child's doctor:	Address:	Telephone number:

Signature

Date

Child's admission Record (continued)--page two of two--form not valid without first page

Describe any special needs, allergies, or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Telephone number	Comments

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home/center). The license of the child care facility assumes full responsibility for such activities.

X

 Signature of parent/ gaurdian Date

I give permission for my child to participate in: (Circle yes or no and sign each line)

Activities away from facility:	Yes	No	Signature of parent/guardian	Date
Transportation provided by facility:	Yes	No	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility	Yes	No	Signature of parent/guardian	Date

Form not valid without signature of Child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff. Child's first day of attendance: _____

Child's withdrawal date: _____

Additional information may be attached.

Union Chapel M. B. Church Child Development Center
315A Winchester Road NE Huntsville, AL 35811
(256) 852-4082 Office

www.unionchapelcdc.org

Form of Affidavit for Parent/Guardian

STATE OF ALABAMA
COUNTY OF MADISON

Before me, a Notary Public in and for said State and County, appeared _____
(Parent's name)

And known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

(Child's name)

That affiant has been notified by Union Chapel Missionary Baptist Church Child Development Center that said Church center has filed notice and is exempt under law from regulation by the Department of Human Resources.

_____ Parent/ Legal Guardian Sworn or affirmed to and subscribed

before me this _____ day of _____, 20_____.

(Official Seal)

(Notary Public)

My Commission Expires _____

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CHILD'S MEDICAL REPORT- DAY CARE

Child's Name _____ DOB _____

Parent's or Guardian Name _____

Address _____ Telephone No. _____

Attach Certificate of Immunizations (blue slip)

IMMUNIZATIONS:

Immunizations are up to date for age of child: Yes ___ No ___ Laboratory and Other Testing's

(if indicated): Yes ___ No ___ History of Allergies:

I examined this child on (date) _____. I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care activities, except as noted below.

Comments:

Date

Physician's Signature