

### 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.**

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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.*

**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 none 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 or school has filed noticed and is  
exempt

under law from regulation by the Department of Human Resources.

\_\_\_\_\_ Parent/ Legal Guardian Sworn of affirmed to and subscribed

before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**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