

CHILD'S RECORD COVER SHEET

Admission Date: _____ Discharge Date: _____

Name of Child: _____ Birthdate: _____

Address: _____ Telephone: _____

Parent/Guardian Name: _____

Address, if different from above: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Address, if different from above: _____ Telephone: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Alternative Means Of Contacting the Parent/guardian: _____

Legal custodian of the child: _____

Custody schedule, if shared: _____

Next-of-kin (other than parents/guardians):

Name	Relationship	Telephone
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Other emergency contacts:

Name	Relationship	Telephone
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Name	Relationship	Telephone
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Name(s) and relationship(s) of persons who are to be permitted to remove the child from the program:

The facility **MUST** be notified by the parent when regular transportation or pick-up methods will vary.

Family physician: _____

Name	Address	Telephone
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Family dentist: _____

Name	Address	Telephone
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Completed by: _____ Date: _____