

# 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	Address	Telephone
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**Other emergency contacts:**

Name	Relationship	Address	Telephone
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Name	Relationship	Address	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: \_\_\_\_\_