



# CHILD'S IDENTIFICATION RECORD

Child's Full Legal Name \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Child's Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Who has legal custody? \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child lives with \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Persons permitted to remove child:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Is your child related to this provider? \_\_\_\_\_ If so, how? \_\_\_\_\_

Person to be notified IN CASE OF EMERGENCY when parent or guardian cannot be reached:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Child's Physician/Health Care Resource \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Communicable diseases child has had (give dates) \_\_\_\_\_

Does your child have any of the following problems? Earaches \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergies \_\_\_\_\_ Skin Problems \_\_\_\_\_ Eating Problems \_\_\_\_\_

Vomiting/Diarrhea \_\_\_\_\_ Frequent Sore Throats/Colds \_\_\_\_\_ Other Chronic Conditions \_\_\_\_\_

Physical or Mental Disabilities \_\_\_\_\_

List all identifying scars, birthmarks, skin discolorations \_\_\_\_\_

Special needs of child \_\_\_\_\_

Instructions regarding toileting \_\_\_\_\_

Child's habits, fears, etc. \_\_\_\_\_

Any other information that you wish known? \_\_\_\_\_

My child's hours in care are as follows: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.

My child is in care on: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Meals typically served while in care: Breakfast AM Snack Lunch PM Snack Dinner Eve Snack

I have received the "Know Your Child's Family Day Care Home" brochure. \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**ATTACH THIS SLIP OF PAPER TO THE CHILD'S IDENTIFICATION/ENROLLMENT FORM**

Child's Name \_\_\_\_\_

My child's hours in care are as follows \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.

My child is in care on:      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

(Circle all that apply)

Is your child related to the provider?      Yes    No    (circle one)

If yes, how? \_\_\_\_\_

**NOTE: When related children or children from one additional household are in care after the hours of operation as stated on the license, the family day care home may not be subject to licensing regulations.**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

F-0030A (1/06)

**ATTACH THIS SLIP OF PAPER TO THE CHILD'S IDENTIFICATION/ENROLLMENT FORM**

Child's Name \_\_\_\_\_

My child's hours in care are as follows \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm.

My child is in care on:      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

(Circle all that apply)

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If yes, how? \_\_\_\_\_

**NOTE: When related children or children from one additional household are in care after the hours of operation as stated on the license, the family day care home may not be subject to licensing regulations.**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

F-0030A (1/06)

**ATTACH THIS SLIP OF PAPER TO THE CHILD'S IDENTIFICATION/ENROLLMENT FORM**

Child's Name \_\_\_\_\_

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(Circle all that apply)

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If yes, how? \_\_\_\_\_

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\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

F-0030A