

# Family Day Care Admission and Arrangements



**Please print.** Complete one form for each child. This form must be kept on file at the family day care home.

The information requested on this form is necessary for proper care of your child. You are not legally required to supply this information; however, failure to do so will make you ineligible to receive family day care services from a licensed provider (MN Rule, Parts 9502-0300 to 9502-0445 Formerly Rule 2). The information requested will be maintained in a private manner and will not be released to anyone other than the licensing consultant without your prior written approval.

1. NAME OF DAY CARE PROVIDER(S) (LAST, FIRST, MIDDLE) A.		2. CHILD'S NAME (LAST, FIRST, MIDDLE)	
ADDRESS B.		DATE OF BIRTH	AGE
NAME OF SUPERVISING AGENCY		TELEPHONE	3. REFERRED BY
<b>4. Parent information</b>	<b>Mother</b>		<b>Father</b>
NAME			
PLACE OF EMPLOYMENT			
ADDRESS OF EMPLOYMENT			
WORK TELEPHONE			
HOME ADDRESS			
HOME TELEPHONE	CELL TELEPHONE	HOME TELEPHONE	CELL TELEPHONE
<b>5. Responsible friend/relative to call if parents cannot be reached</b>		<b>6. Names of all persons authorized to remove child from home</b>	
NAME			
ADDRESS			
TELEPHONE	RELATIONSHIP		
<b>7. The following licensed physician is authorized to give emergency care to my child.</b>			
PHYSICIAN'S NAME		ADDRESS	
TELEPHONE		CITY, STATE, ZIP CODE	
NAME OF PARENT'S INSURANCE COMPANY		CONTRACT NO.	
IF UNAVAILABLE, ANOTHER LICENSED PHYSICIAN MAY TREAT MY CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>The following licensed dentist is authorized to give emergency care to my child.</b>			
DENTIST'S NAME		ADDRESS	
TELEPHONE		CITY, STATE, ZIP CODE	
NAME OF PARENT'S INSURANCE COMPANY		CONTRACT NO.	
IF UNAVAILABLE, ANOTHER LICENSED DENTIST MAY TREAT MY CHILD. <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. FINANCIAL ARRANGEMENTS			
9. SERVICES PROVIDED (INCLUDING DAYS, HOURS, MEALS, ETC.)			
10. SPECIAL CONDITIONS (SPECIAL DIET, SPECIAL NEEDS)			
11. INFANT SCHEDULE			
12. AUTHORIZATION IS HEREBY GIVEN TO THE DAY CARE PROVIDER AS NAMED IN ITEM 1. ABOVE, TO PROVIDE TRANSPORTATION FOR MY CHILD. <input type="checkbox"/> YES <input type="checkbox"/> NO			

**AUTHORIZATION:** We the undersigned hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the information required in rule part 9502.0405.

SIGNATURE OF DAY CARE PROVIDER	DATE	SIGNATURE OF PARENT ADMITTING CHILD	DATE
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