

# Family Child Care Admission and Arrangements

**PLEASE PRINT. Complete one form for each child in care. This form must be kept on file at the family child care home.**

The licensed child care provider completes items 1, 8, & 9 prior to the parent/guardian completing the rest of the form. Both parties sign the form when completed. 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 CHILD CARE PROVIDER(S) (LAST, FIRST, MIDDLE)		2. CHILD'S NAME (LAST, FIRST, MIDDLE)	
ADDRESS		CHILD'S DATE OF BIRTH	CHILD'S AGE
NAME OF SUPERVISING AGENCY		TELEPHONE	3. DATE ENROLLED IN CARE
<b>4. PARENT INFORMATION</b>	<b>PARENT/GUARDIAN</b>		<b>PARENT/GUARDIAN</b>
NAME			
PLACE OF EMPLOYMENT			
ADDRESS OF EMPLOYMENT			
WORK TELEPHONE			
HOME ADDRESS			
<b>CONTACT NUMBERS</b>	HOME PHONE	CELL PHONE	HOME PHONE      CELL PHONE
<b>5. RESPONSIBLE FRIEND/RELATIVE TO CALL IF PARENTS CANNOT BE REACHED</b>		<b>6. NAMES OF ALL PERSONS AUTHORIZED TO REMOVE THE CHILD FROM THE HOME</b>	
NAME			
ADDRESS			
TELEPHONE	RELATIONSHIP		
<b>7. EMERGENCY CONTACT INFORMATION FOR CHILD</b>		HOSPITAL TO BE USED FOR EMERGENCIES	
PHYSICIAN'S NAME		ADDRESS	
TELEPHONE		CITY, STATE, ZIP CODE	
NAME OF PARENT'S MEDICAL INSURANCE COMPANY		CONTRACT #	
IF UNAVAILABLE, ANOTHER LICENSED PHYSICIAN MAY TREAT MY CHILD		YES <input type="checkbox"/>	NO <input type="checkbox"/>
DENTIST'S NAME		ADDRESS	
TELEPHONE		CITY, STATE, ZIP CODE	
NAME OF PARENT'S DENTAL INSURANCE COMPANY		CONTRACT #	
IF UNAVAILABLE, ANOTHER LICENSED DENTIST MAY TREAT MY CHILD		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>8. ARRANGEMENTS</b>	FINANCIAL ARRANGEMENTS		
SERVICES PROVIDED (INCLUDING DAYS, HOURS, MEALS ETC.)			
SPECIAL CONDITIONS (SPECIAL DIET, SPECIAL NEEDS, ALLERGIES)			
<b>9. LIABILITY INSURANCE NOTIFICATION:</b>			
Pursuant to 245A.152 (a) A license holder must provide a written notice to all parents or guardians of all children to be accepted for care prior to admission stating whether the license holder has liability insurance. This notice may be incorporated into and provided on the admission form used by the license holder. Check one below			
<input type="checkbox"/> I <b>do</b> have liability insurance. A current certificate of coverage of insurance is available for inspection to all parents/guardians of children receiving services and to all parents seeking services from the family child care program. My policy will expire on (month/day/year) _____.			
<input type="checkbox"/> I <b>do not</b> have liability insurance.			
<b>10. PERMISSIONS</b>		AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER AS NAMED IN ITEM 1 ABOVE, TO OBTAIN EMERGENCY MEDICAL CARE OR TREATMENT IN THE EVENT OF AN EMERGENCY	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER AS NAMED IN ITEM 1 ABOVE, TO PROVIDE TRANSPORTATION TO MY CHILD	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>AUTHORIZATION:</b> We the undersigned hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the information required in the rule part 9502.0405.			
SIGNATURE OF CHILD CARE PROVIDER		DATE	SIGNATURE OF PARENT/ GUARDIAN
			DATE