

## Hourly Child Care Center Child Admission Agreement and Health Assessment

Name of Child	Nickname	Birth Date month/day/year	Sex (check one)	I certify the my child's immunizations are current
		__/__/__	F___ M___	Yes <input type="checkbox"/> No <input type="checkbox"/>
		__/__/__	F___ M___	Yes <input type="checkbox"/> No <input type="checkbox"/>
		__/__/__	F___ M___	Yes <input type="checkbox"/> No <input type="checkbox"/>

Home Street Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Work Phone # \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Emergency Contacts (Other than Parents) and Persons Authorized to Pick -Up the Child**

(Unless there is a court order prohibiting it, parents whose names are not listed can pick up their children.)

Name	Relationship to Child	Address	Phone #

- Check if there are no emergency contacts available, other than parents.  
 Check if there are no persons authorized to pick up the child, other than parents.

List any additional health information or special instructions you feel we need to be aware of (Indicate name of child):

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I hereby give the provider permission to transport my child in the provider's vehicle for the following (optional):

- To and From School     On Field Trips (with written permission in advance)     Other: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Parent/Guardian

Date

Parent/Guardian Name:

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reviewed and/or update: \_\_\_\_/\_\_\_\_/\_\_\_\_

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This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.