

Child's Preadmission Record (continued) - Page two of two page form (not valid without the first page)

Describe any special needs or instructions below:

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the childcare facility (home or center). The licensee of the childcare facility assumes full responsibility for such activities.

_____ / _____
Signature of parent/guardian / *Date*

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act

Additional information may be attached.