



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. Please Note: Pursuant to MN Rules 9502.0405, subpart 4, the provider shall obtain the required information for each child prior to admission and keep the information up to date.

CHILD INFORMATION

Form with fields: Last Name, First Name, Birthdate (mm/dd/yyyy), Date Enrolled in Care, Address, City, State, Zip Code

PARENT OR GUARDIAN # 1

Form with fields: Last Name, First Name, Place of Employment and Work Phone No., Address of Employer, City, State, Zip Code, Email, Home Phone, Cell Phone, Address, City, State, Zip Code

PARENT OR GUARDIAN # 2

Form with fields: Last Name, First Name, Place of Employment and Work Phone No., Address of Employer, City, State, Zip Code, Email, Home Phone, Cell Phone, Address, City, State, Zip Code

NAMES OF ALL PERSONS AUTHORIZED TO REMOVE THE CHILD FROM THE HOME

Name(s)

RESPONSIBLE FRIEND OR RELATIVE TO CALL IF PARENTS CANNOT BE REACHED

Form with fields: Last Name, First Name, Relationship and Phone Number, Address, City, State, Zip Code

EMERGENCY CONTACT INFORMATION FOR CHILD

Form with fields: Hospital to be Used for Emergencies, Physician's Name, Telephone, Address, City, State, Zip Code, Parent's Insurance Company, Contract #, If Unavailable, Another Licensed Physician May Treat My Child (YES/NO), Dentist to be Used for Emergencies, Dentist's Name, Telephone, Address, City, State, Zip Code, Parent's Dental Insurance Company, Contract #, If Unavailable, Another Licensed Dentist May Treat My Child (YES/NO)

Family Child Care Admission and Arrangements
Page 2

CHILD INFORMATION

| | |
|-----------|------------|
| Last Name | First Name |
|-----------|------------|

CHILD CARE PROVIDER

| | | | |
|---------|-----------|-------|----------|
| Name | License # | | |
| Address | City | State | Zip Code |

ARRANGEMENTS

Financial Arrangements

Services Provided (Including Days, Hours, Meals, Etc.)

Special Conditions (Special Diet, Special Needs)

Does Your Child Have Allergies

YES
 NO
 NOTE: If Yes, Complete the Allergy Information Form

LIABILITY INSURANCE NOTIFICATION

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. Select one of the options below.

I do have liability insurance. A current certificate of coverage of insurance is available for inspection to all parents and 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) _____

I do not have liability insurance

PERMISSIONS

AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER, NAMED ABOVE, TO OBTAIN EMERGENCY MEDICAL CARE OR TREATMENT IN THE EVENT OF AN EMERGENCY YES NO

AUTHORIZATION IS HEREBY GIVEN TO THE CHILD CARE PROVIDER, NAMED ABOVE, TO PROVIDE TRANSPORTATION FOR MY CHILD YES NO

AUTHORIZATION: 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, including child rearing, sleeping, feeding, and behavior guidance practices essential for the care of the child

| | |
|----------------------------------|------|
| Signature of Child Care Provider | Date |
| Signature of Parent / Guardian | Date |
| Signature of Parent / Guardian | Date |