



Great Beginnings

LEARNING CENTER

CHILD'S PREADMISSION RECORD

2025-2026

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ()
Address of parent(s)/guardian(s):	
Mother's WK#	Father's WK#
Mother's Email Address:	Father's Email Address:
Mothers Social security #	Father social security #
	Employer's Telephone Number: ()
List telephone numbers such as pager, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

Required information_____
Signature_____
Date

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

All Information is required for enrollment

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 child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Required signature _____

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: Required signature	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility: Required signature	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility: Required signature	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: _____

Enter date here

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

Additional information may be attached.

**Office Only
Entered in Procure**

Name: _____

Date: _____