

**APPLICATION/RECORD OF CHILD INFORMATION**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_  
Date Child Received \_\_\_\_\_ Date Child Left \_\_\_\_\_

**PARENT OR OTHER PERSONS(S) PLACING THE CHILD**

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
_____	_____
Phone Number _____	Phone Number _____
Place of employment _____	Place of employment _____
_____	_____
Address _____	Address _____
Phone Number _____	Phone Number _____
Working hours _____	Working hours _____

**OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Hospital or Clinic \_\_\_\_\_

**PROGRAM**

Days per week \_\_\_\_\_ Hours of care \_\_\_\_\_  
Rate of pay (optional) \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or other person placing child

\_\_\_\_\_  
Signature of caregiver

\_\_\_\_\_  
Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

If the child has any of the following, please explaining:

Medical problems \_\_\_\_\_

Physical handicaps \_\_\_\_\_

Restrictions for play—outdoors \_\_\_\_\_

Restrictions for play—indoors \_\_\_\_\_

Allergies \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Fears \_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Does the child have special names for objects? (potty, cookies, drinks, etc.) \_\_\_\_\_

Does the child regularly take medication? \_\_\_\_\_ If so, what kind and directions \_\_\_\_\_

If the child is an infant, what are the feeding instructions? \_\_\_\_\_

Time \_\_\_\_\_ Amount \_\_\_\_\_ Temperature \_\_\_\_\_

Diaper changes: Powder \_\_\_\_\_ Ointment \_\_\_\_\_

Other information that will help in caring for the child \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY