CHILD DEVELOPMENT SERVICES REGISTRATION FORM

(See Privacy Act Statement on Page 2.)

Child's Name: _____
Last First MI

Address: _____

Home Phone: _____ Birthdate: _____

Parent's Name: _____ _____
(include Rank/Rate) Father Mother

Employers' Name/Address

Father: _____ Mother: _____

_____ _____

_____ _____

Work Phone: _____ Work Phone: _____

Name of person(s) authorized to remove from child care (include phone number):

_____

Emergency contact in the event parent/guardian cannot be reached.
(Name/phone number)

_____

Doctor's name/phone number: _____

Any other information you believe would be helpful to caregiver in working with your child(ren):

_____

1. All parts of this form will be completed and signed by the sponsor before the child(ren) is admitted to the child care program.

2. This form will be kept on file for all children enrolled in a child care program.

3. A copy of the Emergency Medical Authorization form must be carried by staff if child is away from the site on a field trip so that emergency medical treatment may be obtained, if needed.

4. This form to be renewed at the beginning of each year.

Reset

RELEASE OF INFORMATION/PRIVACY ACT STATEMENT

Data required by the Privacy Act of 1974 (5 U.S.C. 552a)

Authority:	14 U.S.C. 632
Principle Purposes:	To provide the care providers with authorization for medical treatment in emergency situations, identify children and sponsor, record required immunizations and known allergies, and to provide other information necessary for working with the child.
Routine Purposes:	Form may be furnished to military or civilian doctor or hospitals in the course of obtaining medical treatment for children. Information furnished may be disclosed to any DHS component or part thereof, and upon request to other Federal, State, and local governmental agencies in the pursuit of their official duties.
Disclosure is Voluntary:	The supplying of requested information is voluntary. Failure to respond will result in the denial of admission of your child to the program.

I release the information on the attached registration forms to the provider of child care services for the purpose of assessing the eligibility of the child(ren) for the program and for the routine uses listed above.

_____ _____

(Date) (Signature)

Reset