

**Union Chapel M. B. Church Child Development Center
315A Winchester Road NE
Huntsville, AL 35811**

CHILD'S PREADMISSION RECORD

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):	Email address:
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number:	Employer's telephone number:
List telephone numbers such as beeper, 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. I give permission for the child care facility to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center. *If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency)*

_____ / _____
Signature *Date*

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

Page one of two--form not valid without second page

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Child's Preadmission Record (continued)--page two of two--form not valid without 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 child care facility (home or center). The licensee of the child care 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: _____

Additional information may be attached.

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Form of Affidavit for Parent/Guardian

STATE OF ALABAMA
COUNTY OF MADISON

Before me, a Notary Public in and for said State and County, appeared

(Parent's name)

_____ and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

(Child's name)

that affiant has been notified by Union Chapel Missionary Baptist Church/School, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this _____ day of

_____, 200__.