



"CARING FOR CHILDREN
CHRIST'S WAY"

Mt Hebron Christian Child Development Center

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DHR-CDC-739

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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):	
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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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.)

Signature

Date

Describe any special needs or instructions below:

Persons 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.

I give permission for my child to participate in: (circle yes or 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
Group pictures or pictures to be displayed in visual presentations for school or church	Yes	No	Signature of parent/guardian	Date

Form not valid without signature of child’s parent/guardian in each space indicated above.

In case of immediate medical attention, please indicate where you would like your child to be treated: (Select one)

Name of Hospital:	Yes	No	Signature of parent/guardian
Nearest hospital	Yes	No	Signature of parent/guardian

This section is to be completed by the facility’s staff.

Child’s first day of attendance: _____ / _____ / _____

Child’s withdrawal date: _____ / _____ / _____