

CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge		
Name of Child (Last, First, Middle Initial)				Child's Date of Birth	
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Father/Legal Guardian's Name		Home Phone ()	Mother/Legal Guardian's Name		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	()	()			
2.	()	()			
3.	()	()			
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

I give permission to _____, licensed by the Department of Human Services
(Provider's Name)

to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian	Date Signed
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Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
COMPLETION. Required
PENALTY. Rule Violation Citation.

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Pee Wee Patch Child Development Center

Co-Sponsor Information

Address (Number, Street, Building/Apt #)		City		State	Zip Code
Father/Legal Guardian Name		Date of Birth		Mother/Legal Guardian Name	
Dad Place of Work:		Dad Work Phone:		Mom Place of Work:	
Dad Work Address		Dad Cell Phone:		Mom Work Address	
City	State	Zip	City	State	Zip

Parent Information Sheet

- I give permission to Pee Wee Patch, licensed by the Department of Human Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.
- I hereby give permission to Pee Wee Patch for my child to be transported in a vehicle and/or participate in field trips.
- My child is in good health and able to participate in all activities at Pee Wee Patch.
- I acknowledge that I have received a copy of Pee Wee Patch Child Development Center's Parent Handbook and have been given the opportunity to read the manual and ask questions about and understand the policies contained therein. Furthermore, I agree to abide by the policies set forth in the manual.
- I understand that the policies described in the Parent Handbook are not conditions of enrollment, and the language does not create a contract between Pee Wee Patch Child Development Center and the parents. Pee Wee Patch Child Development Center reserves the right to alter, amend or otherwise modify these guidelines, in its sole discretion, without prior notice.
- Pee Wee Patch Child Development Center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michchildcare.
- Pee Wee Patch has permission to apply sunscreen to my child/ren as necessary.

School Age Only

- My child's immunizations are up to date.
- My child's immunization record or appropriate waiver is on file at my child's school.

Parent Signature: _____ Date: _____