

CHILD'S RECORD

Admission Date: _____ Discharge Date: _____

Name of Child: _____ Birthdate: _____

Address: _____ Telephone: _____

Father's Name: _____

Address, if different from above: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Mother's Name: _____

Address, if different from above: _____ Telephone: _____

Place of Employment: _____ Telephone: _____

Employment (physical) Address: _____

Work phone: _____ Cell Phone: _____

Name, Address and Telephone Number of next-of-kin other than parents:

If parent cannot be reached by telephone during the time the child is in care, how can the parent be reached? _____

The name address, and telephone number of a person other than the parent to be contacted in case the parent cannot be reached in an emergency: _____

