

# Family Day Care Admission and Arrangements



**Please print. Complete one form for each child. This form must be kept on file at the family day care home.**

The information requested on this form is necessary for proper care of your child. You are not legally required to supply this information; however, failure to do so will make you ineligible to receive family day care services from a licensed provider (MN Rule, Parts 9502-0300 to 9502-0445 Formerly Rule 2). The information requested will be maintained in a private manner and will not be released to anyone other than the licensing consultant without your prior written approval.

1. NAME OF DAY CARE PROVIDER(S) (LAST, FIRST, MIDDLE) A.		2. CHILD'S NAME (LAST, FIRST, MIDDLE)	
ADDRESS B.		DATE OF BIRTH	AGE
NAME OF SUPERVISING AGENCY	TELEPHONE	3. REFERRED BY	

4. Parent information	Mother	Father
NAME		
PLACE OF EMPLOYMENT		
ADDRESS OF EMPLOYMENT		
WORK TELEPHONE		
HOME ADDRESS		
HOME TELEPHONE	CELL TELEPHONE	HOME TELEPHONE
		CELL TELEPHONE

5. Responsible friend/relative to call if parents cannot be reached	6. Names of all persons authorized to remove child from home
NAME	
ADDRESS	
TELEPHONE	RELATIONSHIP

7. The following licensed physician is authorized to give emergency care to my child.	
PHYSICIAN'S NAME	ADDRESS
TELEPHONE	CITY, STATE, ZIP CODE
NAME OF PARENT'S INSURANCE COMPANY	CONTRACT NO.
IF UNAVAILABLE, ANOTHER LICENSED PHYSICIAN MAY TREAT MY CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	

The following licensed dentist is authorized to give emergency care to my child.	
DENTIST'S NAME	ADDRESS
TELEPHONE	CITY, STATE, ZIP CODE
NAME OF PARENT'S INSURANCE COMPANY	CONTRACT NO.
IF UNAVAILABLE, ANOTHER LICENSED DENTIST MAY TREAT MY CHILD. <input type="checkbox"/> YES <input type="checkbox"/> NO	

8. FINANCIAL ARRANGEMENTS
9. SERVICES PROVIDED (INCLUDING DAYS, HOURS, MEALS, ETC.)
10. SPECIAL CONDITIONS (SPECIAL DIET, SPECIAL NEEDS)
11. INFANT SCHEDULE
12. AUTHORIZATION IS HEREBY GIVEN TO THE DAY CARE PROVIDER AS NAMED IN ITEM 1. ABOVE, TO PROVIDE TRANSPORTATION FOR MY CHILD. <input type="checkbox"/> YES <input type="checkbox"/> NO

**AUTHORIZATION:** We the undersigned hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the information required in rule part 9502.0405.

SIGNATURE OF DAY CARE PROVIDER	DATE	SIGNATURE OF PARENT ADMITTING CHILD	DATE
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Attention. If you want free help translating this information, call 1-888-234-1321 or 651-431-3366.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم 1-888-234-1321 أو 651-431-3366.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទទៅ 1-888-234-1321 ឬ 651-431-3366។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite 1-888-234-1321 ili 651-431-3366.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 1-888-234-1321 lossis 651-431-3366.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທລະຫາ 1-888-234-1321 ຫຼື 651-431-3366.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsi bilbiltu 1-888-234-1321 ykn 651-431-3366.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, позвоните 1-888-234-1321 или 651-431-3366.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac 1-888-234-1321 ama 651-431-3366.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al 1-888-234-1321 o al 651-431-3366.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi 1-888-234-1321 hoặc 651-431-3366.

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**This information is available in alternative formats to individuals with disabilities by calling your agency at (651) 431-3366. TTY users can call directly at (888) 234-1321. TTY users can also call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.**