

**Milestone Academy &
 Child Development Center**
 1205 Ashville Road
 Suite 200
 Montevallo, AL 35115
 (205) 665-5437

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 case of emergency:

Person(s) to be contacted in an emergency if parent(s) / guardian(s) cannot be reached

Name	Relationship to Child	Address	Phone Number

Name of Child's Doctor:	Address:	Phone Number:

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

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:	Phone 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 my child permission 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/wadding 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.

Parents Email Address: 1. _____

2. _____

This section to be completed by the facility's staff

Child's first day of attendance: _____.

Child's Withdrawal Date: _____.