



# DIVISION OF EARLY LEARNING Licensing and Compliance Unit

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## REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

**Child:** \_\_\_\_\_ Sex:  Male  Female  
Last First M.I.

Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Language Spoken At Home \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Father:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Mother:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Relative or Guardian:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

### Person to be contacted in case of an emergency (other than parent/guardian):

\_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Number Street Apt. # State ZIP Phone #

### Designated individual authorized to receive child at end of session:

\_\_\_\_\_ Last First M.I.

\_\_\_\_\_ Last First M.I.

\_\_\_\_\_ Last First M.I.

**Signature:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*TO BE COMPLETED BY THE FACILITY*

**Date of Admission:** \_\_\_\_\_

**Date of Withdrawal:** \_\_\_\_\_ **Reason:** \_\_\_\_\_