

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) Johnson, Karen P. of Kare'n' 4 Kids		TELEPHONE 612-812-7482	2. CHILD'S NAME (LAST, FIRST, MIDDLE)	
ADDRESS 7401 East 250th Street Elko, MN 55020		952-461-7401	DATE OF BIRTH	AGE
NAME OF SUPERVISING AGENCY Scott County Child Care Licensing Division		TELEPHONE 952-445-7751	3. REFERRED BY	
4. Parent Information		Mother		Father
NAME				
PLACE OF EMPLOYMENT				
EMPLOYMENT STREET ADDRESS				
EMPLOYMENT CITY, STATE, ZIP				
EMPLOYMENT TELEPHONE				
HOME STREET ADDRESS				
HOME CITY, STATE, ZIP				
HOME TELEPHONE				
CELLULAR TELEPHONE				
E-MAIL ADDRESS				
5. Responsible friend/relative to call if parents cannot be reached			6. Names of all persons authorized to remove child from home	
NAME				
STREET ADDRESS				
CITY, STATE, ZIP				
TELEPHONE		RELATIONSHIP		
7. The following licensed physician is authorized to give emergency care to my child.				
PHYSICIAN'S NAME		STREET ADDRESS		
TELEPHONE		CITY, STATE, ZIP		
NAME OF PARENT'S INSURANCE COMPANY		CONTRACT NO.		GROUP 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		STREET ADDRESS		
TELEPHONE		CITY, STATE, ZIP		
NAME OF PARENT'S INSURANCE COMPANY		CONTRACT NO.		GROUP NO.
IF UNAVAILABLE, ANOTHER LICENSED DENTIST MAY TREAT MY CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO				
8. FINANCIAL ARRANGEMENTS Refer to Child Care Contract				
9. SERVICES PROVIDED (INCLUDING DAYS, HOURS, MEALS, ETC.) Refer to Childcare Handbook				
10. SPECIAL CONDITIONS (SPECIAL DIET, SPECIAL NEEDS) Refer to Getting Acquainted Document				
11. INFANT SCHEDULE Refer to Getting Acquainted Document				
AUTHORIZATION: We the undersigned hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the information required in part 9502.0405.				
SIGNATURE OF DAY CARE PROVIDER		DATE	SIGNATURE OF PARENT ADMITTING CHILD	