## Child Admission Agreement & Health Assessment

Name of Child	Nickname	Birth Date month/day/year	Sex (check one)	Enrollment Date (check the box if no longer escaled)
	-		FOMO	
			F M	
			F M	
Home Street Address		Phone #		
City				Zip
Mother's/Guardian's Name		Phone #		
Employer		Work Phone #		
Father's/Guardian's Name	·	Phone #		
Employer		Work Phone #		
Name	Relationship to Child	Address		Phone #
Name	Relationship to Child	Address		Phone #
	a*			
	<u> </u>	.]		
<ul> <li>Check if there are no emergency</li> <li>Check if there are no persons aut</li> </ul>				
Out of Area/State Contact Name (If available)	Relationship to Child	Address		Phone #
Check if there are no out of area/	state contacts available.			
n case of emergency or serious illnes emergency medical care and / or prov				e the provider to obtain
Signature of Parent or Guardian			·	//
hereby give the provider permission			the following (option	
Signature of	Parent or Guardian			Date

(See reverse side for required Health Assessment.)

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.