

## REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

			TO B	E COMPLETED	BY THE FACILITY					
ignature:				Relatio	Relationship to child:		Date:			
		Las	st		First		M.I.			
		Las	st		First		M.I.			
		La	st		First		M.I.			
Designated	individual authoriz	zed to rec	eive child at	end of session	n:					
	-	Number	Street	Apt. #	State ZIP		Phone #			
	Address:	Last	First	M.I.		Relationship t	o child: _			
erson to t	e contacted in case	of an em	ergency (oth	er than parer	nt/guardian):	D-1-4' 1-'	1-11-1-			
		Numbe					Apt. #	State	ZIP	
	Business Address:	Numl					Apt. #	State	ZIP	
	Home Address:			r'iist	191.1.	Business #				
Relative or	Guardian:	La	act	First	M.I.	Home #				
		Numl	ber Street				Apt. #	State	ZIP	
	Business Address:	Numl	ber Street				Apt. #	State	ZIP	
Parent:	Home Address:	Last	First	M.I.		Home # Business #				
	Dusiness Address.	Numl	ber Street				Apt. #	State	ZIP	
	Home Address: Business Address:	Numl	ber Street				Apt. #	State	ZIP	
Parent:		Last	First	M.I.		Home # Business #				
	1101110 1 1001 0 001	Numl	ber Street				Apt. #	State	ZIP	
	Home Address:									
	Date of Birth:			Home #:		Language Sp	oken At Hoi	me		