## REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

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| PATIENT INFORMATION |
| Child’s last name: | First: | Middle: | DOB: / / | Sex: **** M **** F |
| Home address: | Language Spoken at Home: |
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| Apt. #: | City: | State: | ZIP Code: |
| **PARENT INFORMATION** |
| Last Name: | First Name: M.I. | Home #: |
| Home Address:  | Business #:  |
| Apt. # | City: | State: ZIP Code: |
| Business Address: |  |
| Apt. # City:  | State: ZIP Code: |
| **PARENT INFORMATION** |
| Last Name: First Name M.I. | Home #: |
| Home Address:  | Business #:  |
| Apt. #: City: | State: ZIP Code: |
| Business Address: |
| Apt. # City:  | State: ZIP Code: |
| Relative or guardian |
| Last Name: | First Name: | M.I. | Home #: |
| Home Address:  | Business #: |
| Apt. #: | City: | State: ZIP Code: |
| Business Address: |   |  |  |
| Apt. #: | City: | State: ZIP Code: |
| PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY (other than parent/guardian): |
| Last Name | First Name | M.I. | Relationship to Child: |
| Address:  | Phone #: |
| Apt. #: | City: | State: ZIP Code: |
| **DESIGNATED INDIVIDUAL AUTHORIZED TO RECEIVE CHILD AT END OF SESSION:** |
| Last Name: | First Name: | M.I. |
| Last Name: | First Name: | M.I. |
| Last Name: | First Name:  | M.I. |

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| **TO BE COMPLETED BY FACILITY** |
| **Date of Admission:** |
| **Date of Withdrawal:** | **Reason:** |