## 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: | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |
| 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:** |