

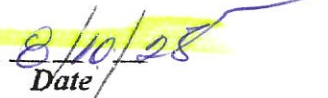
Describe any special needs or instructions below:

N/A

Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number
Tyrone Smith	Grandfather	1103 Park Pl	205-207-5049
Carolyn George	Grandmother	6003 8th Pl	205-401-7446
Indigo Rose	Cousin	6003 8th Pl	205-574-1443

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

Signature of parent/guardian

Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	☒ yes	☐ no	Signature of parent/guardian	Date
Transportation provided by the facility:	☒ yes	☐ no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	☒ yes	☐ no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: 8/11/25 Child's withdrawal date

☐ This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

Additional information may be attached.

CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name: <i>Ryan George</i>	Name child is known by: <i>Ryan</i>
Child's birthdate: <i>02-21-20</i>	Child's home address: <i>734 Hickman Ave</i>
Name(s) of parent(s)/guardian(s): <i>Hannah George</i>	Home telephone number: () <i>n/a</i>
Address of parent(s)/guardian(s): <i>734 Hickman Ave</i>	
Mother's Employer: <i>n/a</i>	Father's Employer: <i>n/a</i>
Mother's Email Address: <i>hannahgeorge@gmail.com</i>	Father's Email Address: <i>n/a</i>
Employer's address: <i>n/a</i>	Employer's address: <i>n/a</i>
Employer's Telephone Number: () <i>n/a</i>	Employer's Telephone Number: () <i>n/a</i>
List telephone numbers such as pager, cellular phone, etc. <i>n/a</i>	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number
<i>Tyrene Smith</i>	<i>Parent</i>	<i>809 35th Ave</i>	<i>205-807-5949</i>
<i>Christy George</i>	<i>Grandparent</i>	<i>2113 Oak Hill</i>	<i>205-401-7466</i>

Name of child's doctor: <i>Dr. Tiffany Moore</i>	Address: <i>Golden Rd. Parks</i>	Telephone number: () <i>n/a</i>
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

[Signature] _____ *8/10/25*
Signature Date

Form not valid without signature of child's parent/guardian
Page one of two-form not valid without second page