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	6008 Park Pl	205-[illegible]-5849
Carolyn [illegible]	Grandmother	6008 8th PL	205-401-7446
[illegible]	Cousin	6008 8th PL	205 584-1443

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] *Signature of parent/guardian* 8/10/25 *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 [signature]	Date 8/10/25
Transportation provided by the facility:	yes	no	Signature of parent/guardian [signature]	Date 8/10/25
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian [signature]	Date 8/10/25

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

G. Child's preadmission record

DHR-CDC-739

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: [illegible]	Name child is known by: [illegible]
Child's birthdate: [illegible]	Child's home address: [illegible]
Name(s) of parent(s)/guardian(s): [illegible]	Home telephone number: ( ) N/A
Address of parent(s)/guardian(s): [illegible]	
Mother's Employer: N/A	Father's Employer: N/A
Mother's Email Address: [illegible]	Father's Email Address: N/A
Employer's address: N/A	Employer's address: N/A
Employer's Telephone Number: ( ) N/A	Employer's Telephone Number: ( ) N/A
List telephone numbers such as pager, cellular phone, etc. N/A	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
[illegible]	Parent	[illegible]	205-[illegible]
[illegible]	Grand Parent	[illegible]	205-401-7466

Name of child's doctor:	Address:	Telephone number:
Dr. [illegible]	[illegible]	( ) N/A

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.)***

[illegible 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