

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: <u>Maxx Otis</u>	Name child is known by: <u>Maxx</u>
Child's birthdate: <u>10/26/2020</u>	Child's home address: <u>12033 Old Shipyard Rd. Coden AL 36523</u>
Name(s) of parent(s)/guardian(s): <u>Minnie Wumpkin / Andre Otis</u>	Home telephone number: <u>(251) 229-9821</u>
Address of parent(s)/guardian(s): <u>12033 Old Shipyard Rd. Coden AL 36523</u>	
Mother's Employer: <u>Center for Fair Housing</u>	Father's Employer: <u>Nicky Warehouse</u>
Mother's Email Address: <u>m2otiz79@gmail.com</u>	Father's Email Address: <u>dreverson96@gmail.com</u>
Employer's address: <u>602 Bell Air Blvd. Ste. 7 Mobile AL 36604</u>	Employer's address: <u>4505 Commerce Blvd. Mobile AL 36619</u>
Employer's Telephone Number: <u>(251) 479-1532</u>	Employer's Telephone Number: <u>(251) 408-4000</u>
List telephone numbers such as pager, cellular phone, etc. <u>(251) 229-9821</u>	Instructions regarding how parent/guardian may be reached in an emergency: <u>(251) 229-9821</u>

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

Name	Relationship to child	Address	Telephone number
<u>Oliver V Grobin</u>	<u>grand father</u>	<u>12033 Old Shipyard Rd. Coden AL 36523</u>	<u>251-648-6767</u>
<u>Tamekia Cunningham</u>	<u>god mother</u>	<u>5799 Southland Dr. #4308 Mobile AL 36608</u>	<u>251-554-2567</u>
<u>Kacie Murrell</u>	<u>sister</u>	<u>12033 Old Shipyard Rd. Coden AL 36523</u>	<u>251-509-2910</u>

Name of child's doctor: <u>Dr. Tamekia Cunningham</u>	Address: <u>990 Coody Rd Al. Mobile, AL 36608</u>	Telephone number: <u>(251) 441-1100</u>
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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.)

Minnie Wumpkin, 8/4/25
Signature Date

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page