HENNEPIN COUNTY HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT CHILD CARE LICENSING PROGRAM ADMISSION AND ARRANGEMENTS

Please print. Complete one form for each child. This form must be kept on file at the family child care home.

Name - Child Care	der(s)	1	Child's	Name						
			Middle	_		Last First		Middle		
Address					Birthdate	Birthdate Infant Schedule				
City	City Zip Code PI		Placement Date	acement Date		Special Conditions (diet, needs)				
PARENT / GUARDIAN MOTHER					FATHER					
Name										
Home Address										
City, State, Zip										
Employer										
Employer's Address										
Home and Work Telep	hone		(H)		(W)			(H)		(W)
Responsible friend reached:		Names of all persons authorized to remove child from home:								
Name					Name					
Address					Address					
Telephone Relationship)		Telephone			Relationship		
The following licensed physician is authorized to give emergency care to my child:										
Physician's Name				Address	ddress					
Telephone					City, State, Zip					
relephone					Oity, State, Zip					
Name of Parent's Insu		(Contract No.			Group No.				
If unavailable, another licensed physician may treat my child.					 s П No					
				Yes						
The following licensed dentist is authorized to give emergency Dentist's Name					Address					
Telephone					City, State, Zip	р				
Name of Parent's Insurance Company					Contract No.			Group No.		
If unavailable, another	license	ed dentist may tre	at my child.	☐ Yes	s 🗌 No					
The provider has day care liability insurance in the amount of at least \$100,000 per person and \$250,000 per occurrence.										
The provider has liability insurance in a lesser amount than \$100,000 / 250,000. (Specify amount)										
The provider carries no day care liability insurance.										
The provider with liability insurance of lesser limits or no liability coverage must give written notice of liability coverage to										
parents of children in care prior to admission or when there is a change in the amount of insurance coverage.										
AUTHORIZATION: We, the undersigned, hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the										
information required in Rule Part 9502.0405, Subp Signature of Child Care Provider			ubp. 4. Date		Signature of Parent Admitting Child Date					
organical or orma date i tovidor			Date	'					Date	