Family Day Care Admission and Arrangements

MS-2160 3/02

Please Print. Complete one Form for each child. *This form must be kept on file at the family day care home.*

The information requested on this form is necessary for proper care of your child. You are not legally required to supply this information; however, failure to do so will make you ineligible to receive family day care services from a licensed provider (MN Rule, Parts 9502-0300 to 9502-0445 Formerly Rule 2). The information requested will be maintained in a private manner and will not be released to anyone other than the licensing consultant without your prior written approval.

This information is available in other forms to people with disabilities by contacting us at 651-296-3971 (voice), or through the Minnesota Relay Service at 711 or 1-800-627-3529 (TDD) or speech-to-speech relay service 1-877-627-3848 .

1. NAME OF DAY CARE PROVIDER(S) (LAST, FIRST, MIDDLE) A.		2. CHILD'S NAME (LAST, FIRST, MIDDLE)	
ADDRESS B.		DATE OF BIRTH	AGE
NAME OF SUPERVISING AGENCY	PHONE NO.	3. REFERRED BY	

4. Parent Information	Mother	Father
NAME		
PLACE OF EMPLOYMENT		
ADDRESS OF EMPLOYMENT		
WORK TELEPHONE		
HOME ADDRESS		
HOME TELEPHONE		

5. Responsible friend/relative to call if parents cannot be reached		6. Names of all persons authorized to remove child from home
NAME		
ADDRESS		
TELEPHONE	RELATIONSHIP	

7. The following licensed Physician is authorized to give emergency care to my child.
IF UNAVAILABLE, ANOTHER LICENSED PHYSICIAN MAY TREAT MY CHILD ☐ YES ☐ NO

PHYSICIAN'S NAME	ADDRESS	
TELEPHONE	CITY, STATE, ZIP	
NAME OF PARENT'S INSURANCE COMPANY	CONTRACT NO.	GROUP NO.

The following licensed Dentist is authorized to give emergency care to my child.
IF UNAVAILABLE, ANOTHER LICENSED DENTIST MAY TREAT MY CHILD. ☐ YES ☐ NO

DENTIST'S NAME	ADDRESS	
TELEPHONE	CITY, STATE, ZIP	
NAME OF PARENT'S INSURANCE COMPANY	CONTRACT NO.	GROUP NO.

8. FINANCIAL ARRANGEMENTS

9. SERVICES PROVIDED (INCLUDING DAYS, HOURS, MEALS, ETC.)

10. SPECIAL CONDITIONS (SPECIAL DIET, SPECIAL NEEDS)

11. INFANT SCHEDULE

12. AUTHORIZATION IS HEREBY GIVEN TO THE DAY CARE PROVIDER AS NAMED IN ITEM 1. ABOVE, TO PROVIDE TRANSPORTATION FOR MY CHILD. ☐ YES ☐ NO

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.

SIGNATURE OF DAY CARE PROVIDER	DATE	SIGNATURE OF PARENT ADMITTING CHILD	DATE

PREPARED BY DEPARTMENT OF HUMAN SERVICES LICENSING DIVISION