

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Date of Admission Use Only:			Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			State	Zip Code
Parent/Legal Guardian's Name		Primary Phone	Parent/Legal Guardian's Name (Optional)	
Home Address (if not child's address)		2nd Phone (if applicable)	Home Address (if not child's address)	
City	State	Zip Code	State	Zip Code
mail Address (optional)			Email Address (optional)	
Employer Name		Work Phone	Employer Name	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and/or Special Instructions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: Attach additional sheets, if necessary.)				

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.		
2.		
3.		

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

	2.	
3.	4.	

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian				Date Signed			
Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

Health Statement

I _____ the parent/ legal guardian of
_____ do state that _____ is:

1. in good health

a. if there are activity restrictions please list here:

2. current and up to date on all immunizations.

3. The immunization record or appropriate waiver is on file with
_____ school

Parent/legal guardian signature

Date

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

Child Care Licensing Bureau

The center does not keep a licensing notebook, but the internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.

I have read the above statement issued by **WEST SHORE LUTHERAN SCHOOL**

Child(ren)'s Name(s) _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____