

## REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

Child:							Sex: Male	☐ Female			
	Date of Birth:	Last		First	M.I. Home #:		Language S	nokan At Ua	ma		
					nome #.		Language S	pokeli At noi			
	Home Address:	- N	Number	Street				Apt. #	State	ZIP	
rent:							Home #				
cii.		Last		First	M.I.		Business #				
	Home Address:	N	Vumber	Street				Apt. #	State	ZIP	
	Business Address:	N	Number	Street				Apt. #	State	ZIP	
Parent:		Last		First	M.I.		Home # Business #				
	Home Address:		· 1	g			Business ii		G	7770	
	Business Address:	N	lumber	Street				Apt. #	State	ZIP	
		N	lumber	Street				Apt. #	State	ZIP	
lative or	Guardian:		Last		First	M.I.	Home # Business #				
	Home Address:						Dusiness π	-			
	Business Address:	N	lumber	Street				Apt. #	State	ZIP	
		Nu	ımber	Street				Apt. #	State	ZIP	
rson to b	e contacted in case	of an e	emerger	ncy (othe	er than parer	nt/guardian	):				
		Last		First	M.I.		Relationship	to child:			
	Address:	Last		THS	M.I.						
		Number	Stre		Apt. #	State	ZIP	Phone #			
signated	l individual authori	zed to r	receive	child at	end of session	n:					
•					Last	First	M.I.				
•					Last	First	M.I.				
•					Last	First	M.I.				
gnature:								Date:			
				TO BE	COMPLETED	BY THE FAC	ILITY				
e of Adn											
e of Witl	hdrawal:			Reason	n:						