



MaineLy  
Childcare

**Child's Record**

Name Of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_

Father's Name \_\_\_\_\_ Cellphone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Street Address: (If different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Employment (physical address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cellphone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Street Address: (If different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Employment (physical address) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Name, Address and Telephone Number to Next-of-Kin other than parents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Parent cannot be reached by telephone during the time the child is in care, how can the parent be reached? \_\_\_\_\_

Name, address and telephone number of a person other than the parent to be contacted in case the parent can not be reached in an emergency

\_\_\_\_\_

Office Use Only:

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

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Name of persons who are to be permitted to remove the child from the center:

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Name, address and telephone number of family physician:

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Name, address and telephone number of family dentist:

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MaineLy management must be notified by the parent when regular transportation or pick-up methods will vary.

**MEDICAL INFORMATION**

I, (name) \_\_\_\_\_ hereby give my consent, in the event of medical emergency when I cannot be contacted, for MaineLy Childcare staff to obtain whatever treatment may be deemed necessary for my son/daughter (child's name)

\_\_\_\_\_  
(DOB) \_\_\_\_\_

This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.

I hereby give my authorization for emergency medical treatment as outlined above.

Known Allergies:

\_\_\_\_\_  
Known Medical

Problems: \_\_\_\_\_

Last Tetanus shot: \_\_\_\_\_

Please list here (or on an additional sheet of paper if necessary) a summary of significant factors concerning the child's adjustment into group care, unusual events and occurrences or any other information that will help us in transitioning your child into group care :

\_\_\_\_\_

Office Use Only:

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

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I have read and understand the parent handbook, and if I have questions, I know I can always ask the Directors to get clarification. In addition I understand that I can access the Parent Handbook at all times on the Mainely Childcare website: [www.mainelychildcare.com](http://www.mainelychildcare.com)

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(Parent or Guardian Name Printed)

(Date)

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(Parent or Guardian Signature)

Office Use Only:

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_