



A Step Above Early Learning Center

A Comprehensive Child Care Ministry of Hope FWC

74400 AL-77 PO Box 271
Lincoln, AL 35096

(205) 763-9668
AStepAboveLincoln@gmail.com

CHILD'S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility.

Child's Name:	Name child is known by:
Child's Birthdate:	Child's home address:
Name of Mother/Guardian:	Name of Father/Guardian:
Mother's Address:	Father's Address:
Cell # () Home # () Work # ()	Cell # () Home # () Work # ()
Mother's Employer:	Father's Employer:
Mother's Email:	Father's Email:
Instructions on how mom may be reached in an emergency:	Instructions on how dad may be reached in an emergency:

Local persons to be contacted to **pick up child in an emergency** if parent(s)/guardian(s) cannot be reached:

Contact Name:	Relationship to Child:	Address:	Phone Number(s):

Name of child's doctor:	Address:	Phone:
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses that incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

Signature/Date

Describe any allergies, special needs or instructions below:

Additional persons the child may be released to: **(Pick up list)**

Contact Name:	Relationship to Child:	Address:	Phone Number(s):

I understand that the Department of Human Resources does not inspect activities away from the childcare center. The licensee of the child care facility assumes full responsibility for such activities.

_____ / _____

Signature of Parent/Guardian

Date

I give permission for my child to participate in: (circle yes or no and sign each line.)

	Yes	No	Signature of Parent/Guardian	Date
Activities away from the center				
Transportation provided by center				
Water play activities provided by the center				
Child may be photographed participating in ASA activities. I understand these photographs may be used in publications featuring ASA.				

Form not valid without signature of child's parent/guardian in each space indicated above.

This section to be completed by the center's staff:

Child's first day of attendance: _____

Child's withdrawal date: _____

Child's Medical Report

Child's Name _____

Date of Birth _____

Parent's or Guardian's Name _____

Address _____

Telephone Number _____

IMMUNIZATIONS

Attach Certificate of Immunization. This is available from your doctor's office.

HISTORY OF ALLERGIES

HISTORY OF CHILDHOOD DISEASES (please list)

_____	_____
_____	_____
_____	_____

PHYSICIANS REPORT

I examined this child on (date) _____. I find him/her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day care activities, except as noted below:

Physician's Signature _____

Date _____

THIS FORM IS NOT VALID WITHOUT PHYSICIAN'S SIGNATURE

Form of Affidavit for Parent/Guardian

STATE OF ALABAMA

COUNTY OF TALLADEGA

Before me, a notary public in and for said state and county, appeared _____ and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children _____; that affiant has been notified by Abigail Tolene, a representative of A Step Above Early Learning Center, that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

_____ Parent/Legal Guardian

Sworn or affirmed to and subscribed before me this _____ day of _____, 20_____

_____ Notary Public

My commission expires: _____