

Admission agreement

Child information

Multiple children may be listed as long as all of the information in this form is the same for each child.

Child's name:	_____	Date of birth:	_____
Child's name:	_____	Date of birth:	_____
Child's name:	_____	Date of birth:	_____
Child's name:	_____	Date of birth:	_____

Parent information

Parent's name:	_____		
Phone number:	_____	Daytime phone number:	_____
Email address:	_____		
Physical address:	_____		
Parent's name:	_____		
Phone number:	_____	Daytime phone number:	_____
Email address:	_____		
Physical address:	_____		



Emergency contact information

In addition to the child's parents, the following people may be contacted in the event of an emergency.

Name: _____

Phone number: _____

Physical address: _____

This person is allowed to sign the child(ren) listed above in/out: ☐ Yes ☐ No

Name: _____

Phone number: _____

Physical address: _____

This person is allowed to sign the child(ren) listed above in/out: ☐ Yes ☐ No

Name: _____

Phone number: _____

Physical address: _____

This person is allowed to sign the child(ren) listed above in/out: ☐ Yes ☐ No

Out-of-area contact

The following individual lives out-of-area and may be contacted in the event of an emergency.

Name: _____

Phone number: _____

Physical address: _____

This person is allowed to sign the child(ren) listed above in/out: ☐ Yes ☐ No



Permissions

I hereby give this child care provider permission to transport my child(ren) in the event of an emergency.

Signature: _____ Date signed: _____

I hereby give this child care provider permission to seek medical treatment for my child(ren) in the event of an emergency.

Signature: _____ Date signed: _____

I hereby give this child care provider permission to transport my child for non-emergency purposes, such as to participate in scheduled offsite activities.

Signature: _____ Date signed: _____

Expectations and client rights

I have been informed of the program's behavioral expectations and how misbehavior will be handled. I have also been informed of mine and my child's rights, which are:

- *To be informed of our rights.*
- *To be treated with dignity, respect, and fairness.*
- *To be free from potential harm or acts of violence.*
- *To be free from discrimination.*
- *To be free from abuse, neglect, mistreatment, exploitation, and fraud.*
- *To have equal access to food, shelter, and health services.*
- *To be free from retaliation for reporting any violation to our rights.*
- *To privacy of current and closed records.*
- *To communicate and visit with family, attorneys, clergy, physicians, counselors, or case managers/workers assigned to my child, unless therapeutically contraindicated or court restricted.*

Signature: _____ Date signed: _____



Signatures

By signing this form, you indicate that all of the information provided is accurate (additional signature spaces are provided for parents to verify that all information is accurate during annual reviews).

Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____
Parent signature:	_____	Date signed:	_____

