



**DIVISION OF EARLY LEARNING**  
**Licensing and Compliance Unit**

PHONE: (202) 727-1839 • FAX: (202) 741-5304

MAILING ADDRESS: 810 FIRST STREET, NE • 4th FLOOR • WASHINGTON DC 20002

REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

**Child:** \_\_\_\_\_ Sex:  Male  Female  
Last First M.I.  
 Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Language Spoken At Home \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Father:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP  
 Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Mother:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP  
 Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Relative or Guardian:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP  
 Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Person to be contacted in case of an emergency (other than parent/guardian):**  
 \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Last First M.I.  
 Address: \_\_\_\_\_  
Number Street Apt. # State ZIP Phone #

**Designated individual authorized to receive child at end of session:**  
 \_\_\_\_\_  
Last First M.I.  
 \_\_\_\_\_  
Last First M.I.  
 \_\_\_\_\_  
Last First M.I.

**Signature:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*TO BE COMPLETED BY THE FACILITY*

**Date of Admission:** \_\_\_\_\_  
**Date of Withdrawal:** \_\_\_\_\_ **Reason:** \_\_\_\_\_