


CHILD INFORMATION RECORD

STATE OF MICHIGAN

Department of Human Services
Office of Children and Adult Licensing

Date of Admission		Allergies			
Date of Discharge					
Name of Child (Last, First, Middle Initial)			Address (Number and Street, Building/Apartment Number)		
Child's Date of Birth		Home Phone ()		City	State Zip Code
Father/Legal Guardian's Name		Home Phone	Mother/Legal Guardian's Name		Home Phone
Home Address (if not child's address)		Cell Phone	Home Address (if not child's address)		Cell Phone
City	State	Zip Code	City	State	Zip Code
Employer/School Name			Employer/School Name		
Email			Email		
City	State	Zip Code	City	State	Zip Code
Employer/School Phone ()		Daily Work/School Times	Employer/School Phone ()		Daily Work/School Times
Name(s) of Person other than Parent or Legal Guardian to whom child may be released					

I give permission to <u>Madonna Mrocca/M & M Daycare, Inc.</u> , licensed by the Department of Human Services (Provider's Name), to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.					
Signature of Parent or Guardian					
				Date Signed	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Address of Child's Physician or Health Clinic			Name of Health Insurance Carrier		
Hospital Preferred for Emergency Treatment			Health Insurance Policy Number		
Special Needs:			Date of Last DTaP (Diphtheria, tetanus, pertussis) Shot		
Name of Local Person to be Notified in an Emergency When Parents Not Available			Local Address of Emergency Person		
Home and/or Cell Phone ()		Work Number ()	City, State		Zip Code
Special Instructions:					
Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.				AUTHORITY: Act 116 of P.A. 1973 COMPLETION: Required PENALTY: Rule Violation Citation.	

M & M Extra Care About Your School-Aged Child

In order to provide the best programming to meet the needs and interests of your child, we'd appreciate it if you took a few minutes to tell us a little bit about him/her.

Child's Name: _____ Grade: _____ Teacher: _____

Birth date: _____ Today's Date: _____

Previous School or Preschool Setting: _____

Any problems or challenges at previous school? _____

What FOODS does your child especially like? _____

Especially DISLIKE? _____

Any allergies (known or suspected) _____

On average, how many hours each week does your child:

Watch TV _____ Use the Computer _____ Play with video games _____

Play outdoors _____ Read _____ Crafts & other quiet activities _____

Other Favorites _____

How does your child express ANGER or frustration? _____

When your child is upset, what helps to COMFORT him/her? _____

How do you DISCIPLINE your child? _____

Special FAMILY situations? *(such as custody specifics, problems arising from situations, etc.)*

Anticipated ADJUSTMENT problems? _____

Any disorders/developmental needs (slow, advanced) diagnosed or suspected? _____

EXPECTATIONS of M & M Extra Care? _____

Other COMMENTS? _____
