HENNEPIN COUNTY
HUMAN SERVICES AND PUBLIC HEALTH DEPARTMENT
CHILD CARE LICENSING PROGRAM
ADMISSION AND ARRANGEMENTS

Please print. Complete one form for each child. This form must be kept on file at the family child care home.

Name – Child Care Provider(s)		
Last	First	Middle
Address		
City	Zip Code	Placement Date

Child's Name		
Last	First	Middle
Birthdate	Infant Schedule	
Special Conditions (diet, needs)		

PARENT / GUARDIAN	**MOTHER**		**FATHER**	
Name				
Home Address				
City, State, Zip				
Employer				
Employer's Address				
Home and Work Telephone	(H)	(W)	(H)	(W)

Responsible friend / relative to call if parents cannot be reached:	
Name	
Address	
Telephone	Relationship

Names of all persons authorized to remove child from home:	
Name	
Address	
Telephone	Relationship

The following licensed physician is authorized to give emergency care to my child:		
Physician's Name	Address	
Telephone	City, State, Zip	
Name of Parent's Insurance company	Contract No.	Group No.
If unavailable, another licensed physician may treat my child. ☐ Yes ☐ No		
The following licensed dentist is authorized to give emergency care to my child:		
Dentist's Name	Address	
Telephone	City, State, Zip	
Name of Parent's Insurance Company	Contract No.	Group No.
If unavailable, another licensed dentist may treat my child. ☐ Yes ☐ No		

☐ The provider has day care liability insurance in the amount of at least $100,000 per person and $250,000 per occurrence.

☐ The provider has liability insurance in a lesser amount than $100,000 / 250,000. (Specify amount _____)

☐ The provider carries no day care liability insurance.

The provider with liability insurance of lesser limits or no liability coverage must give written notice of liability coverage to parents of children in care prior to admission or when there is a change in the amount of insurance coverage.

AUTHORIZATION: We, the undersigned, hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the information required in Rule Part 9502.0405, Subp. 4.

Signature of Child Care Provider	Date	Signature of Parent Admitting Child	Date