

*Hidden Treasures*  
PRESCHOOL

2017-2018

Date of Admission 8/28/2017	Allergies	<b>Child Information Record</b> <b>State of Michigan</b> Department of Human Services Bureau of Children and Adult Licensing			
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 and Carrier	Home Address (if not child's address)		Cell Phone and Carrier
City	State	Zip Code	City	State	Zip Code
Employer/School Name			Employer/School Name		
Address (Employer/School)			Address (Employer/School)		
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					
<p>I give permission to <u>Hidden Treasures Preschool</u>, licensed by the Department of Human Services  <small>(Provider's Name)</small>  to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.</p>					
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, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, 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: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	
BCAL-3731 (Rev. 9-09) Previous editions 3-08, 10-07, & 1-06 may be used.					

Field Trip: I hereby give my permission to <u>Hidden Treasures Preschool</u> for my child to be transported in a vehicle and/or participate in field trips. <small>(providers name)</small>	
Signature of Parent or Guardian	Date Signed

**SEE OTHER SIDE**

## PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

**Michigan Department of Human Services**

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement issued by \_\_\_\_\_.

Name of Child Care Center

Child(ren)'s Name(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_