

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH
FOR ADMISSION TO CHILD DAY CARE FACILITY**

INSTRUCTIONS: THIS FORM IS TO BE COMPLETED FOR EACH CHILD AT THE TIME OF ENROLLMENT IN THE CHILD DAY CARE FACILITY AND MAINTAINED ON FILE AT THE FACILITY.

GENERAL INFORMATION: (COMPLETED BY PARENT OR GUARDIAN)

NAME OF FACILITY _____ COUNTY _____

ADDRESS _____

_____ ZIP _____

NAME OF CHILD _____

ADDRESS _____

_____ ZIP _____

DATE OF BIRTH _____ ENROLLMENT DATE _____

NAME OF PARENT OR GUARDIAN _____

NAME OF PERSON(S) RESPONSIBLE IF PARENTS ARE UNAVAILABLE _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

FAMILY CODE WORD(S) _____

IS CHILD CURRENTLY ENROLLED IN SCHOOL? _____ YES _____ NO

NAME OF FAMILY PHYSICIAN OR HEALTH RESOURCE _____

ADDRESS _____

TELEPHONE NUMBER(S) _____

OVER PLEASE: (HEALTH INFORMATION ON OTHER SIDE MUST BE COMPLETED FOR ENROLLMENT)