

# *The Britleys for Toddlers*

## REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

PATIENT INFORMATION					
Child's last name:	First:	Middle:	DOB: / /	Sex: <input type="radio"/> M <input type="radio"/> F	
Home address:			Language Spoken at Home:		
Apt. #:	City:	State:	ZIP Code:		
PARENT INFORMATION					
Last Name:	First Name:	M.I.	Home #:		
Home Address:			Business #:		
Apt. #	City:	State:	ZIP Code:		
Business Address:					
Apt. #	City:	State:	ZIP Code:		
PARENT INFORMATION					
Last Name:	First Name	M.I.	Home #:		
Home Address:			Business #:		
Apt. #:	City:	State:	ZIP Code:		
Business Address:					
Apt. #	City:	State:	ZIP Code:		
RELATIVE OR GUARDIAN					
Last Name:	First Name:	M.I.	Home #:		
Home Address:			Business #:		
Apt. #:	City:	State:	ZIP Code:		
Business Address:					
Apt. #	City:	State:	ZIP Code:		
PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY (OTHER THAN PARENT/GUARDIAN):					
Last Name	First Name	M.I.	Relationship to Child:		
Address:		Phone #:			
Apt. #:	City:	State:	ZIP Code:		
DESIGNATED INDIVIDUAL AUTHORIZED TO RECEIVE CHILD AT END OF SESSION:					
Last Name:	First Name:	M.I.			
Last Name:	First Name:	M.I.			
Last Name:	First Name:	M.I.			
TO BE COMPLETED BY FACILITY					
Date of Admission:					
Date of Withdrawal:				Reason:	

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*www.britleystoddlercare.com*