Name of Center_____ Date of Survey_____

CHILD CARE CENTER
CHILDREN'S RECORDS 8.16.2.22

File E.	Name & Information E(1)(a)	Parent Info. E(1)(b)	Pickup Auth. E(1)(c)	Enroll. Date E(1)(d)	Immuniz Rec./Up To Date E(1)(e)	Emer. Contacts E(2)(b)	Dr./Fac./# E(2)(c)	Emer. Trans./ Treat. E(2)(d)	Accident /Injuries E(1)(f)	Off-Site Perm. E(1)(h)	Medical Cond./ Allergies E(2)(a)	*PHB Ack. E(1)(l)/ Guidance Policy 24A(1)	Enroll. Agree E(1)(k)
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* Parent Handbook Acknowledgment

Reviewer's Name_____

Updated by PM 07/19/2010