Name of Center_____ Date of Survey_____

OUT OF SCHOOL TIME CARE
CHILDREN'S RECORDS 8.16.2.41 D

File **D**.	Name (DOB, Gender, address, telephone #) **D(1)(a)**	Parent Info. **D(1)(b)**	Pickup Auth. **D(1)(c)** Emer. Contact **D(2)(a)**	Enroll. Date **D(1)(d)**	Signed Guidance Policy **43A(1)**	Emer. Trans./ Treat. **D(2)(c)**	Dr./Fac. # **D(2)(b)**	Accident /Injuries **D(1)(e)**	Off-Site Perm. **D(1)(f)**	Medical Cond./ Allergies **D(2)(a)**	Attendance **D(1)(g)**	Enroll. Agree. **D(1)(h)**
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Reviewer's Name_____