



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

## REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

**Child:** \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Language Spoken At Home \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Parent:** \_\_\_\_\_ Home # \_\_\_\_\_  
Business # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Parent:** \_\_\_\_\_ Home # \_\_\_\_\_  
Business # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Relative or Guardian:** \_\_\_\_\_ Home # \_\_\_\_\_  
Business # \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Person to be contacted in case of an emergency (other than parent/guardian):**

\_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Apt. # State ZIP Phone #

**Designated individual authorized to receive child at end of session:**

\_\_\_\_\_ Last First M.I.

\_\_\_\_\_ Last First M.I.

\_\_\_\_\_ Last First M.I.

**Signature:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*TO BE COMPLETED BY THE FACILITY*

**Date of Admission:** \_\_\_\_\_  
**Date of Withdrawal:** \_\_\_\_\_ **Reason:** \_\_\_\_\_