



DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF

# EDUCATION

## REGISTRATION RECORD FOR CHILD RECEIVING CARE AWAY FROM HOME

**Child:** \_\_\_\_\_ Sex: ☐ Male ☐ Female  
Last First M.I.  
Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_ Language Spoken At Home \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Parent:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP  
Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Parent:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. Business # \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP  
Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

**Relative or Guardian:** \_\_\_\_\_ Home # \_\_\_\_\_  
Last First M.I. 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: \_\_\_\_\_  
Last First M.I.  
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:** \_\_\_\_\_