



# CHILD CARE RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EARLY CHILDHOOD SERVICES

SFN 1426 (4-2025)

Provider	
Date	Number of Children Enrolled

**Family and Group in a Home Providers:** Include Provider's Own Children Under the Age of 12

	NAME/AGE/SCHEDULE OF CHILD (Days/Time) Full\Part time\Drop-in	CHILD'S DATE OF BIRTH	PARENT/GUARDIAN NAME, ADDRESS, TELEPHONE NUMBER	NAME OF EMERGENCY CONTACT PERSON AND TELEPHONE NUMBER	CHILD INFORMATION SHEET	IMMUNIZATION RECORD ON FILE	PARENT STATEMENT ON HEALTH OF CHILD
1.							
2.							
3.							
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