CHILD CARE RECORD

NORTH DAKOATA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1426 (10-2016)

Clear Fields

Provider:	Number of Children Enrolled:
Date:	Number of Children Present:

Include Providers Own Children Ages 0 - 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.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Authorized Agent/Licenser Signature	Date