CHILD CARE RECORD

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD DIVISION
SFN 1426 (5-2022)

Clear Fields

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.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						