

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE CENTERS AND TYPE A HOMES**

Child's Name		Date form completed/updated		First Day at Center	
Date of Birth	Home Address			City	
State	Zip Code	Home Telephone Number			
Parent Guardian Name			Relationship to child		
Home Address					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work School			Work School Telephone Number		
Address				City	
Pager and directions for use					
Where can you be reached while your child is in this program?					
Parent Guardian Name			Relationship to child		
Home Address					
City		State		Zip	
Home Telephone Number			Cell Phone		
Work School			Work School Telephone Number		
Address				City	
Pager and directions for use					
Where can you be reached while your child is in this program?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of <u>at least one person</u> who you want to be contacted in the event of an emergency or illness if the parent/ guardian cannot be reached. Persons listed should be able to assist in locating the parent guardian and at least one person listed must be local and able to take responsibility for the child in cases where the parent guardian can not be located.					
Name		Name			
City	State	City	State		
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child		
Other numbers where emergency contact can be reached (optional)		Other numbers where emergency contact can be reached (optional)			
Name of Physician or Clinic Hospital			Name of Dentist (Recommended for children over 18 months of age.)		
Street Address			Street Address		
City	State	Telephone Number	City	State	Telephone Number

Note: This is a prescribed form provided by JFS which must be used by centers and type A homes to meet the requirements of Rules 5101:2-12-37 and 5101:2-13-37. This form must be completed and on file at the center or type A home on or before the child's first day of attendance.

