

DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION



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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

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

Home Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

Business Address: \_\_\_\_\_  
Number Street Apt. # State ZIP

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**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 #

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**Designated individual authorized to receive child at end of session:**

\_\_\_\_\_ Last First M.I.

\_\_\_\_\_ Last First M.I.

\_\_\_\_\_ Last First M.I.

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**Signature:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*TO BE COMPLETED BY THE FACILITY*

**Date of Admission:** \_\_\_\_\_

**Date of Withdrawal:** \_\_\_\_\_ **Reason:** \_\_\_\_\_