**Use of form:** Use of this form is voluntary. However, use as a review document by certified child care operators will help ensure compliance with DCF 202. Certification workers may also use this form during monitoring visits to document compliance with the rules. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]. An asterisk indicates that the item is also required for the operator’s own children under age 7. The department recommends that children’s records be kept for 3 years after the child’s last day of attendance.

**Instructions:** Use a check mark to indicate the required information is in the child's file. First day of attendance, birthdate and physical exam date must be entered. If additional space is needed, attach a separate sheet.

|  |  |  |
| --- | --- | --- |
| Name – Child Care Center      | Address – (Street, City, Zip Code)      | Provider Number      |
| Put an asterisk by the name of the operator’s own children\*Name – Child | Birthdate(mm/dd/yyyy) | Date –First dayof attendance(mm/dd/yyyy) | Child Enrollment and Health History Form | Authorization to Administer Medication | Authorization to transport, if applicable  | Alternate arrival / release agreement, if applicable | \*Immunization history | Not required for children age 5 and older who are enrolled in school\*Date – ChildHealth Report | Health Report Updates: 0-2 every 6 months, 2-5 every 2 years | Intake for Child Under 2 Years | Written contract signed by parent and operator |
| 1.       |       |       |  |  |  |  |  |  |  |  |  |
| 2.       |       |       |  |  |  |  |  |  |  |  |  |
| 3.       |       |       |  |  |  |  |  |  |  |  |  |
| 4.       |       |       |  |  |  |  |  |  |  |  |  |
| 5.       |       |       |  |  |  |  |  |  |  |  |  |
| 6.       |       |       |  |  |  |  |  |  |  |  |  |
| 7.       |       |       |  |  |  |  |  |  |  |  |  |
| 8.       |       |       |  |  |  |  |  |  |  |  |  |
| 9.       |       |       |  |  |  |  |  |  |  |  |  |
| 10.       |       |       |  |  |  |  |  |  |  |  |  |
| **SIGNATURE** – Person Completing Form | Date Signed |