



Health Department
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HOME DAY CARE CLIENT RECORD (“LOG”)

PROVIDER _____
ADDRESS _____
PHONE NUMBER _____
PERMIT NUMBER _____ EXPIRATION DATE _____

Child’s Name _____

Date of Birth _____

Parent/Guardian _____

Home Address _____

Email Address _____

Home Phone Number _____ Cell Phone _____

Work Address _____

Work Phone Number _____

Date of Entry _____

Date of Termination _____

Parent /Guardian Signature _____	Date _____
Provider’s Signature _____	Date _____