



Utah Department of Health, Bureau of Child Development, Child Care Licensing
Child Care Center Renewal Application, Child Record Form

Center Name:

Date Review Completed: / /

Center Address:

Classroom Name/Age

Caregiver Name(s):

Please follow the attached instructions when completing this form. Complete one form for each class/group in the center. List all children enrolled in the class/group, including part-time children. **Please complete this form before your Announced Inspection takes place.** Your licensing Specialist will review this completed form as part of your Announced Inspection. **A completed Child Admission Form must include:** child's full name; DOB; parents' name and contact information; names of authorized pick-up people (other than parents); name and phone number of emergency contact (if available); emergency medical transportation & treatment releases.

	1. Child's First Name	2. Child's Last Name	3. Child's Date of Birth (mm/dd/yyyy)	4. Completed Admission Form		5. Completed Health Assessment		6. Health Assessment Annually Updated		7. Completed Transportation Permission Form			
				YES	NO	YES	NO	YES	NO	YES	NO	N/A	
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