CFS 428
Rev. 4/2001

State of Illinois
Department of Children and Family Services

APPLICATION/RECORD OF CHILD INFORMATION

Name of child _____ Birthdate_____ Sex_____

Address _____

Date Child Received _____ Date child left _____

PARENT OR OTHER PERSON(S) PLACING THE CHILD

Name_____ Name _____

Relation to child_____ Relation to child_____

Home address_____ Home address_____

_____ _____

Phone Number_____ Phone Number _____

Place of Employment_____ Place of Employment_____

_____ _____

Address _____ Address _____

Phone Number_____ Phone Number _____

Work hours_____ Work hours_____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number_____ Relation _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name_____ Address_____

Phone Number_____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

_____ _____ _____

Signature of parent or other person placing child | Signature of caregiver | Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the area Office for supplies of this form.

If the child has any of the following, please explain:

Medical problem _____

_____

Physical handicaps _____

_____

Restrictions for play-outdoors _____

_____

Restrictions for play-indoors _____

_____

Allergies _____

_____

Food likes _____

_____

Food dislikes _____

_____

Fears

_____

Does the child take naps? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookie, drinks, etc.)

_____

_____

Does the child regularly take medicine? _____ If so, what kind and directions

_____

_____

If the child is an infant, what are the feeding instructions?

_____

Time _____ Amount _____ Temperature

_____

Diaper change: Powder _____ Temperature_____

Other information that will help in caring for the child _____

_____

_____

Comments: _____

_____

ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY