Important Phone Numbers

Name: _____

Contact Information: _____

ACD Illinois Office	(800) 284-5273
ACD Michigan Office	(800) 234-3287
Child Abuse Hotline	(800) 422-4453
USDA Meat and Poultry Hotline	(800) 535-4555
National Health Information Center	(800) 336-4797
U.S. Consumer Product Safety Commission	(800) 638-2772
Poison Control Hotline	(800) 222-1222
Emergency Medical Services (EMS)	_____
Police	_____
Fire	_____
Ambulance	_____
Doctor	_____
Hospital	_____
Insurance Company	_____
State Department of Licensing	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Information

Child's Name	Parent/Guardian	Home Phone Number	Work Phone Number	Cell Phone Number

Child's Name	Parent/Guardian	Home Phone Number	Work Phone Number	Cell Phone Number

Parent/Guardian Information

Child's Name	First Date in Care	Date of Birth	Times in Care	Special Diet (if applicable)

Child Information

Children Information

Child's Name	First Date in Care	Date of Birth	Times in Care	Special Diet (if applicable)

Waiting List

Child's Name	First Date in Care	Date of Birth	Parent information	Phone Number Address

Attendance & Tuition

Date (mm/dd/yyyy) →	___/___/___		___/___/___		___/___/___		___/___/___		___/___/___		___/___/___		___/___/___		
Child's Name ↓	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	Weekly Totals
1.															Hours/Tuition
Hours/Tuition															
2.															Hours/Tuition
Hours/Tuition															
3.															Hours/Tuition
Hours/Tuition															
4.															Hours/Tuition
Hours/Tuition															
5.															Hours/Tuition
Hours/Tuition															
6.															Hours/Tuition
Hours/Tuition															
7.															Hours/Tuition
Hours/Tuition															
8.															Hours/Tuition
Hours/Tuition															
9.															Hours/Tuition
Hours/Tuition															

Attendance & Tuition

Date (mm/dd/yyyy) →	___/___/___		___/___/___		___/___/___		___/___/___		___/___/___		___/___/___		___/___/___		
Child's Name ↓	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	Weekly Totals
10.															Hours/Tuition
Hours/Tuition															
11.															Hours/Tuition
Hours/Tuition															
12.															Hours/Tuition
Hours/Tuition															
13.															Hours/Tuition
Hours/Tuition															
14.															Hours/Tuition
Hours/Tuition															
15.															Hours/Tuition
Hours/Tuition															
16.															Hours/Tuition
Hours/Tuition															
17.															Hours/Tuition
Hours/Tuition															
18.															Hours/Tuition
Hours/Tuition															

Income

Income Received	Amount
Child and Adult Care Food Program Reimbursement	
Tuition	
Other:	
Other:	
Other:	
Subtotal	
Total Income Year-to-Date	

Fire Drill

Date	Time	# Children Present	All Areas Checked	Caregiver's Initials

Tornado Drill

Date	Time	# Children Present	All Areas Checked	Caregiver's Initials

Notes:

Expenses

Date	Place of Purchase	Check #/ Charge	Food	Toys	Postage	Utilities					
		Total Expenses									
		Total Expenses Year-to-Date									

Medicine Log

Date	Child's Name	Name of Medicine	Dosage	Date(s) to Be Given	Time(s) to Be Given	Parent/Guardian Signature

Date	Child's Name	Name of Medicine	Dosage	Date(s) to Be Given	Time(s) to Be Given	Parent/Guardian Signature

Medicine Log

Mileage Log

Date	Destination/Purpose	Odometer at Start	Odometer at Finish	Total Miles Driven

Date	Destination/Purpose	Odometer at Start	Odometer at Finish	Total Miles Driven

Mileage Log