

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial) Leo Yiming Dong					
Address (Number and Street, Building/Apartment Number) 1388 Hawthornway Rising				City Rochester Hills	State MI
Parent/Legal Guardian's Name Maopeng Dong		Home Phone (248) 229-9624	Parent/Legal Guardian's Name (Optional) Qing Zhu		Home Phone (586) 206-7719
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional) dongmaopeng@gmail.com			Email Address zhugingqin@qmail.com		
Employer Name Valeo North America		Work Phone (248) 229-9624	Employer Name none		Work Phone () none
Name of Child's Physician or Health Clinic Mali & Mali Pediatrics			Physician's or Health Clinic's Phone Number (586) 323-6200		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.) None					

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)					
1.	Maopeng Dong	(248) 229-9624	()		
2.	Qing Zhu	(586) 206-7719	()		
3.	Liguang Cai	(586) 334-5246	()		
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.	()	2.	()		
3.	()	4.	()		

Parent/Legal Guardian Initials:	
<input checked="" type="checkbox"/> I give permission to Premier Academy - Rochester Hills, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian Maopeng Dong Qing Zhu	Date Signed 05/10/2022

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.