

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES



BOARDING HOME REGISTER

ISSUED TO:	
ADDRESS:	
ISSUED BY (AGENCY):	DATE ISSUED:

NOTICE

The register shall be kept by persons certified or approved by the above named agency to board children.

The register is the property of this agency and shall be returned when the certificate is discontinued or revoked.

RECORD OF OFFICIAL VISITORS (For Child at Right)

DATE	NAME	ORGANIZATION

CHILD	FULL NAME			
	DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RELIGION	DATE RECEIVED
FATHER	FULL NAME			
	COMPLETE ADDRESS (include Zip Code)			
MOTHER	FULL NAME			
	COMPLETE ADDRESS (include Zip Code)			
PLACEMENT	MADE BY			
	COMPLETE ADDRESS (include Zip Code)			
EMERGENCY	AGENCY TO BE NOTIFIED			TELEPHONE NO.
	COMPLETE ADDRESS (include Zip Code)			
DISCHARGE				DATE DISCHARGED
TO	FULL NAME			
	COMPLETE ADDRESS (include Zip Code)			
ILLNESS	PREVIOUS			
	DURING STAY IN HOME			
COMMENTS				

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