

# Child Care Registration Tracking Form



Date: \_\_\_\_\_ DR# \_\_\_\_\_  
 Name \_\_\_\_\_  
 ARC FEMA Other (please circle)  
 Location \_\_\_\_\_  
 Lead \_\_\_\_\_

Brethren Disaster Ministries  
 P. O. Box 188, 601 Main Street  
 New Windsor, MD 21776  
 410-635-8734 410-635-8739 (fax)

**PURPOSE:** To track the names, gender, age, time in and out of each child registered in the Children's Disaster Services Center.

**NOTE: CONFIDENTIAL ---- KEEP HIDDEN**

Child Name	Boy/Girl	Age	Time In	Time Out
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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20.				
21.				
22.				
23.				
24.				
25.				



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Child Name	Boy/Girl	Age	Time In	Time Out
26.				
27.				
28.				
29.				
30.				
31.				
32.				
33.				
34.				
35.				
36.				
37.				
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