



### ENROLLMENT DATA/EMERGENCY CONTACT INFORMATION

Completion of this form is required for enrollment and necessary for compliance with the State of Iowa Child Care Licensing Regulations.

CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	NICKNAME	DATE OF BIRTH
CHILD'S ADDRESS		CITY	STATE	ZIP CODE
SEX	CHILD'S PRIMARY LANGUAGE	PARENT'S PRIMARY LANGUAGE	CHILD'S SOCIAL SECURITY NUMBER	

### PARENT/GUARDIAN INFORMATION

1. PARENT/GUARDIAN NAME	RELATIONSHIP TO CHILD	HOME PHONE #	CELL PHONE #	WORK PHONE #
HOME ADDRESS		PRIMARY E-MAIL ADDRESS		DRIVER'S LICENSE #/STATE
EMPLOYER NAME	EMPLOYER ADDRESS		WORK PHONE #	WORK HOURS
2. PARENT/GUARDIAN NAME	RELATIONSHIP TO CHILD	HOME PHONE #	CELL PHONE #	WORK PHONE #
HOME ADDRESS		PRIMARY E-MAIL ADDRESS		DRIVER'S LICENSE #/STATE
EMPLOYER NAME	EMPLOYER ADDRESS		WORK PHONE #	WORK HOURS

### EMERGENCY CONTACT AND RELEASE PERSONS: (Must be 18 yrs of age or older)

1. NAME	RELATIONSHIP TO CHILD	HOME PHONE #	CELL PHONE #	WORK PHONE #
2. NAME	RELATIONSHIP TO CHILD	HOME PHONE #	CELL PHONE #	WORK PHONE #
3. NAME	RELATIONSHIP TO CHILD	HOME PHONE #	CELL PHONE #	WORK PHONE #

### MEDICAL INFORMATION:

PRIMARY PHYSICIAN NAME	ADDRESS	PHONE #	FAX #
DENTIST NAME	ADDRESS	PHONE #	FAX #
KNOWN ALLERGIES	PREFERRED HOSPITAL	CURRENT MEDICATIONS	
INSURANCE COMPANY	PRIMARY POLICY HOLDER	POLICY HOLDER ID#	

IN THE EVENT OF AN EMERGENCY, I AUTHORIZE CHILDSERVE TO HAVE MY CHILD TRANSPORTED BY EMERGENCY PERSONNEL TO THE NEAREST MEDICAL CARE FACILITY AND TO SECURE NECESSARY MEDICAL OR DENTAL TREATMENT FOR MY CHILD. I AGREE TO PAY ALL COSTS AND FEES CONTINGENT ON ANY EMERGENCY CARE AND/OR TREATMENT FOR MY CHILD AS SECURED OR AUTHORIZED UNDER THIS CONSENT. THIS CONSENT WILL BE IN EFFECT FOR ONE YEAR BEGINNING (DATE): \_\_\_\_\_

PARENT SIGNATURE	DATE
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Emergency contact and release persons will be contacted by ChildServe and are authorized to pick up your child if there is a medical or other emergency and you cannot be reached. Center staff will release your child only to you or those persons listed above. If you want a person who is not identified above to pick up your child, you must notify center staff in advance, in writing. Your child will not be released without prior authorization. For the safety of your child, we will request all authorized contact persons with whom staff are not familiar to provide a government-issued photo ID at time of pick up. All children must be signed in/out by a parent/guardian or authorized contact person.

