childserve
Believing in the spirit of a child.

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 | DATE OF LAST TETANUS | 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

Emergency contact and release persons will be contacted by Child*Serve* 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.