Iowa CHILD CARE Resource & Referral

# Child Enrollment Form

## Child Enrollment Form

| Child Information | | | |
|---|---|---|---|
| **Child's Name:** | | **Date of Birth:** | |
| **Address:** | **City:** | **State:** | **ZIP:** |
| **Allergies, special instructions, comforting items:** | | | |

| Parent/Guardian Information (1) | | | |
|---|---|---|---|
| **Name:** | | **Relationship to child:** | |
| **Address:** (if different than child) | **City:** | **State:** | **ZIP:** |
| **Home #:** | **Cell #:** | **Work #:** | |
| **Email (personal):** | | **Email (work):** | |
| **Place of work:** | | **Address:** | |

| Parent/Guardian Information (2) | | | |
|---|---|---|---|
| **Name:** | | **Relationship to child:** | |
| **Address:** (if different than child) | **City:** | **State:** | **ZIP:** |
| **Home #:** | **Cell #:** | **Work #:** | |
| **Email (personal):** | | **Email (work):** | |
| **Place of work:** | | **Address:** | |

| Emergency Contact (1) | | | |
|---|---|---|---|
| **Name:** | | **Relationship to child:** | |
| **Address:** | **City:** | **State:** | |
| **Home #:** | **Cell #:** | **Work #:** | |
| **Email (personal):** | | **Email (work):** | |

| Emergency Contact (2) | | | |
|---|---|---|---|
| **Name:** | | **Relationship to child:** | |
| **Address:** | **City:** | **State:** | |
| **Home #:** | **Cell #:** | **Work #:** | |
| **Email (personal):** | | **Email (work):** | |

| Emergency Contact (3) – Out-of-Area/Out-of-State | | | |
|---|---|---|---|
| **Name:** | | **Relationship to child:** | |
| **Address:** | **City:** | **State:** | |
| **Home #:** | **Cell #:** | **Work #:** | |
| **Email (personal):** | | **Email (work):** | |


Funding provided by the Iowa Department of Health and Human Services through the Child Care and Development Fund

| Medical Information | | |
|---|---|---|
| **Child's Doctor's Name:** | | **Phone #:** |
| **Address:** | **City:** | **State:** |
| **Preferred Hospital to Contact:** | | **Phone #:** |
| **Address:** | **City:** | **State:** |

| | | |
|---|---|---|
| **Child's Dentist's Name:** | | **Phone #:** |
| **Address:** | **City:** | **State:** |

**Does your child have any special needs I should be aware of?** _____

_____

_____

| Persons allowed to pick up my child if I am unable to:<br>(Also list emergency contacts below if you want to allow them to pick up your child) | | |
|---|---|---|
| **Name:** | **Phone #:** | **Relationship to child:** |
| **Name:** | **Phone #:** | **Relationship to child:** |
| **Name:** | **Phone #:** | **Relationship to child:** |
| **Name:** | **Phone #:** | **Relationship to child:** |
| **Name:** | **Phone #:** | **Relationship to child:** |
| **Name:** | **Phone #:** | **Relationship to child:** |

| Any one NOT allowed to pick up my child (with copy of court order, if applicable): |
|---|
| |
| |

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____


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