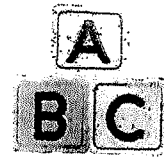


KIDS EXPRESS DAYCARE

CHILD ENROLLMENT INFORMATION



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: <small>(if different than child)</small>	City:	State:	ZIP:
Home #:	Cell #:		
Email (personal) :	Email (Work) :		
Place of work:	Address:		

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

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

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

Emergency Contact (3)			
Name:		Relationship to child:	
Address:	City:	State:	
Home #:	Cell #:		
Email (personal) :	Email (Work) :		

CHILD'S CARE & EMERGENCY INFORMATION

Name: _____

DOB: _____

Emergency Contact List

Name: _____

Relationship: _____

Phone: _____

Address: _____

Name: _____

Relationship: _____

Phone: _____

Address: _____

Name: _____

Relationship: _____

Phone: _____

Address: _____

Doctor Information

Name: _____

Phone: _____

Address: _____

Dentist Information

Name: _____

Phone: _____

Address: _____

Hospital Information

Name: _____

Phone: _____

Address: _____

Insurance Information

Provider: _____

Policy Number: _____

Subscriber's Name: _____

Phone: _____

I hereby give permission to the child care provider, Kids Express Daycare, to secure emergency medical care and/or dental treatment and to provide emergency transportation for the above named minor child while in care. *Non Emergency medical treatment is not included in this authorization.*

Signature of Parent/Guardian: _____

Date: _____

Your child is enrolled in a center that participates in the Child and Adult Care Food Program (CACFP). By participating in this Program, the center follows federal meal pattern requirements and receives reimbursement to assist with food costs. The CACFP requires parents to provide specific enrollment information on an annual basis. This form will be placed in center files and treated as confidential information. Complete one form for all of your children who are enrolled at the center.

June 2022

Iowa Child and Adult Care Food Program
Child Care Enrollment Form

Last Name, First Name	Ethnicity	Times of Care							Regular Days of Care					Meals Served During Care			Ethnicity/Race			
		Arrival	Departure	M	T	W	Th	F	S	S	M	AM Sn	LM Sn	PM Sn	D Sn	E Sn				

*Ethnicity (Select one and enter in the chart above): H=Hispanic or Latino or N=Not Hispanic or Latino

†Race (Select one or more and enter in the chart above): W=White, B=Black or African American, I=American Indian or Alaska Native, A=Asian, and P=Native Hawaiian or Other Pacific Islander This information is requested by the Federal Government in order to monitor compliance with Civil Rights law. You are not required to furnish this information, but are encouraged to do so. The law requires that organizations may not discriminate on the basis of this information nor on whether you choose to furnish it.

Infants only (0 to 12 months): I am not enrolling an infant (skip this section)

As a participant in a USDA Child Nutrition Program, our center offers meals to children of all ages; you are not required to provide infant food or formula. Infant feeding is based on Academy of Pediatrics nutrition guidelines. Infant foods served are appropriate for the age and developmental readiness of your infant. Mark (X) to indicate your choice(s) below:

- I will provide breastmilk for my infant. Yes No *If infant is still hungry and no breastmilk is available, list what to feed*
- I would like to breastfeed on site, if this option is available. Yes No *If yes, time(s)*
- I will provide formula for my infant. Name of formula (must be iron-fortified and manufactured in the USA): _____
- I accept the center's formula for my infant. Name of iron-fortified formula: _____
- I will submit a Diet Modification Request Form for non-reimbursable formula. Name of formula: _____
- I accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.
- I will provide solid foods for my infant. The center may supplement with additional solid foods when my infant needs them: Yes No

Parent Signature _____ Date: _____ (Make any needed changes above, sign and date)

Parent Signature _____ Date: _____ (Make any needed changes above, sign and date)

1 Ask your center if you can breastfeed on-site.

2 The parent may provide no more than one required meal component in order for the center to claim reimbursement for the meal. DHS licensed centers must follow CACFP Infant meal pattern requirements regardless of who supplies the food. Your center can provide a copy of the CACFP Infant meal pattern and a list of reimbursable foods upon request.

This institution is an equal opportunity provider.

Emergency Medical Treatment Authorization

Permission for medical care in parental absence.

Child's Full Name _____ Birth Date _____

Name child answers to: _____

I, _____ parent or guardian of the child named above give my permission to _____ child care home provider, to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Doctor: _____

Doctor's Address: _____

Doctor's Phone: _____

Preferred Hospital to Contact: _____

Address: _____ Phone: _____

Persons to be contacted in emergency if the parents are unavailable:

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

Present medication(s): _____

Known allergies: _____

Date of last tetanus: _____ Religious Preference: _____

Insurance: _____

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____



Consent & Release

Name of Facility: _____ Address of Facility: _____

Name of Child: _____

The following persons are allowed to pick up my child from child care in the event that I am unable to:

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Anyone **NOT** permitted to pick up my child (with copy of court order, if applicable):

_____	_____	_____
_____	_____	_____

Consent is given for the items initialed below:

_____ Walking Trips
 To the following: _____

_____ Motor Vehicle Trips
 Type of vehicle: _____ To the following: _____
 Child restraint system to be used: _____
 Special needs of child during transport: _____

_____ Daily Transportation
 Type of vehicle: _____ To/from the following: _____
 Child restraint system to be used: _____
 Special needs of child during transport: _____

_____ Swimming and/or Wading
 Location: _____

_____ Other Activities (e.g. homework supervision, trips to neighborhood playgrounds, special trips)
 Description: _____

_____ Photo Release
 My child may be photographed while in child care. Photos may be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program.

_____ Decline Photo Release
 Do not photograph my child while in the child care program.

 Signature of Parent

 Date