

St. Teresa of Calcutta Catholic School



Child Care Center

Enrollment Packet

416 E Main St. Ossian, IA 52162
563-532-9250

St. Teresa of Calcutta Child Care Center
Child Enrollment Form

Child's Information

Name: _____ Date of Birth: _____
Address: _____
Allergies: _____ Comforting Items: _____
Special Instructions: _____

#1 Parent/Guardian Information

Name: _____ Relationship: _____
Address: _____
Home # _____ Cell # _____ Email: _____
Work Place: _____ Work # _____

#2 Parent/Guardian Information

Name: _____ Relationship: _____
Address: _____
Home # _____ Cell # _____ Email: _____
Work Place: _____ Work # _____

If parent/guardian can not be reached in the event of an emergency:

#1 Emergency Contact

Name: _____ Relationship: _____
Address: _____
Home # _____ Cell # _____ Email: _____
Work Place: _____ Work # _____

#2 Emergency Contact

Name: _____ Relationship: _____
Address: _____
Home # _____ Cell # _____ Email: _____
Work Place: _____ Work # _____

#3 Emergency Contact

Name: _____ Relationship: _____
Address: _____
Home # _____ Cell # _____ Email: _____
Work Place: _____ Work # _____

Sign: _____ Date: _____

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Permission to Secure Emergency Care

I, _____ (parent or guardian) give my permission to St. Teresa of Calcutta Child Care Center 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.

Medical Information - All areas must be completed

Child's Doctor _____ Phone # _____

Address: _____

Dentist or prospective dentist (REQUIRED): _____ Phone # _____

Address: _____

Please submit your child's most recent immunization record and physical.

Does your child have any special needs that the center needs to be aware of?

Authorized Pick Up List

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Anyone **NOT** Allowed to pick up the child: _____

(With court order, if applicable)

Sign: _____ Date: _____

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Consent is given for initialed items below:

_____ **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.

_____ **Walking Trips in town**

_____ **Motor Vehicle Trips (Field Trips)**

Type of vehicles (Buses, cars, etc) _____ Restraint system to be used _____

_____ **Swimming and/or wading**

(preschool/school-aged summer field trips to Calmar Pool)

_____ **Trips to Ossian Parks**

Enrollment Checklist

- Completed enrollment packet
 - CACFP Enrollment Forms
 - Agreement for services
- Most recent physical (within 1 year)
- Most recent immunization record
 - Schedule & start date

Sign: _____ Date: _____