



Registration Form

Kids Campus DC Kids Campus Stuart Kids Korner Kids Korner two Date: _____

Please be sure to complete ALL sections of the registration form entirely. Also note that you must complete one form for each child you wish to enroll. Forms must be completed, signed and returned to the office prior to your child(ren)'s first day. If you are filling out the form electronically, please be sure to digitally sign otherwise print, sign and return a hard copy to the office.

Child Identification Information

Child's Name: _____ Sex: M F
Last First Middle

Child's Address: _____
Street City State Zip

Primary Telephone: _____ Date of Birth: _____

Parent or Guardian Work Information

Parent or Guardian Name: _____

Employer Name: _____ Work Phone: _____ Cell Phone: _____

Personal eMail: _____ Work eMail: _____

Parent or Guardian Name: _____

Employer Name: _____ Work Phone: _____ Cell Phone: _____

Personal eMail: _____ Work eMail: _____

Family History

Marital Status of Parents: Married Divorced Separated Single Deceased _____

If divorced, separated or deceased, for how long? _____

Step Mother Name: _____

Step Father Name: _____

Is child adopted? Yes No Age at adoption: _____ Does child know? Yes No

Are there other children in the home? Yes No (if yes, complete the following)

Child's Name	Age	Relationship

Health History

In addition to answering the following questions, we will need a copy of your child's most recent immunization record. The State of Iowa also requires that we have either a copy of your child's most recent health exam (must be within the last 12 months) if he or she is an infant through preschool age, or a completed School Age Health Assessment form if of school age.

My child's Physical Health Exam or School Age Health Assessment form is attached. Yes No

My child's most recent Certificate of Immunization is attached. Yes No

I give you permission to apply sunscreen and bug spray as needed when my child is older than 6 months. Yes No

Does your child have any food, drug or other known allergies? Yes No (If yes, please identify.)

Is this allergy potentially life threatening? Yes No (If yes, you must provide us with a doctor approved action plan for your child before he or she may attend the childcare.)

Has your child ever had a vision test? Yes No (If yes, please list results.)

Does your child wear glasses? Yes No

Has your child ever had a hearing test? Yes No (If yes, please list results.)

Has your child ever had a speech test? Yes No (If yes, please list results.)

Has your child ever had a blood lead screen? Yes No (If yes, please list results.)

Medical Information & Emergency Contact

Please provide the following information to assist us if your child needs care when you cannot be reached. **Please note that you must provide the name of a dentist no matter what the age of your child. This is a state requirement, even if your child has yet to see a dentist.**

1. Name of physician or physician group: _____

Location: _____ Phone: _____

Your choice of hospital: _____

Location: _____ Phone: _____

Do you have medical insurance? Yes No

Name of insurance company: _____

Name of insured: _____ Policy number: _____

2. Name of dentist or dental group: _____

Location: _____ Phone: _____

Do you have dental insurance? Yes No

Name of insurance company: _____

Name of insured: _____ Policy number: _____

3. Emergency contact **other than Parent:** _____ Home phone: _____

Address: _____ Work phone: _____

Relationship to child: _____ Cell phone: _____

Signature Page

Authorization for Child Pick-Up

I give permission for my child to leave the Center with the following persons named below. I understand that it is my responsibility to notify the Center, in writing, if there are any changes to this list.

Name	Relationship
	Mother
	Father

Is there a custody issue we should be aware of? Yes No (If yes, explain below.)

Center Activities

I hereby assume responsibility and grant permission for my child to:

1. Use all of the age appropriate equipment and participate in all of the age appropriate activities at the Center.
2. Leave the Center premises under supervision of a staff member(s) for field trips in an authorized vehicle. (Please note that parents **will be** notified prior to the day of all field trips and all children will ride the bus.) Summer Calendar will be considered notification.
3. Leave the Center under supervision of a staff member(s) to walk to the Library and City parks. (Please note that parents **may not be** notified in advance of these activities.)
4. Be included in evaluations and pictures connected with the Center's program. The Center will request permission from the parents if the pictures are to be used outside the Center.

Emergent Medical Consent

I do hereby give my permission and/or consent to the personnel of Kids Korner L.C., Dallas Center, Iowa, to secure and authorize such emergency medical care and/or treatment as my child (above-named) might require while under the supervision of said daycare personnel. I also agree to pay the entire costs and fees contingent on any emergency medical and/or treatment for my child as secured or authorized under this consent.

Dental Care Consent

I do hereby give my permission and/or consent to the personnel of Kids Korner L.C., Dallas Center, Iowa, to secure and authorize such emergency dental care and/or treatment as my child (above-named) might require while under the supervision of said daycare personnel. I also agree to pay the entire costs and fees contingent on any emergency dental and/or treatment for my child as secured or authorized under this consent.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

PLEASE NOTE THAT PARENTS WILL BE NOTIFIED IMMEDIATELY IN CASE OF EMERGENCY

