

Enrollment Checklist
Postville Childcare Services, Inc.

Child's Name _____ **Start Date** _____

_____ **Enrollment Packet**

_____ **Two Emergency Contacts Listed**

_____ **Pickup Persons Listed**

_____ **Emergency Medical Consent** (All information is required. If your child has not been to the dentist, please provide the name of a dentist you would prefer for an emergency.)

_____ Doctor (complete name/phone number/address)

_____ Clinic (complete name/phone number/address)

_____ Hospital Preference (complete name/phone number/address)

_____ Dentist (complete name/phone number/address)

_____ Insurance Information and Insurance Card Submitted

_____ **Consent and Acknowledgements**

_____ Signed

_____ Walks, Wellness, and Volunteers hours acknowledged

_____ **Physical** **Date** _____

(Physicals must be current within the six months and updated annually)

_____ Signed

_____ **Immunization Record** (typed on the Iowa Dept of Public Health form and signed by a health care provider)

_____ **Parent Contract Completed**

_____ Authorization for Auto Debit (ACH) **Optional

_____ **CACFP Food Program Form Signed**

(Please be sure to fill out the bottom section if you are enrolling an infant)

_____ Signed

_____ **Parent Handbook Acknowledgement Form**

Please complete or submit other items that may pertain to you: (you may return any unused forms)

Safe Sleep Policy _____

Owlet Sock Policy Signed _____

Diet Modification Form _____

Alternative Payment Plan Request _____

Medication Form (for long term medications) _____

Illness Emergency Plans _____

Protective Order or Custody Agreement _____

POSTVILLE CHILDCARE SERVICES, INCORPORATED

CHILD ENROLLMENT INFORMATION

Child Information

Child's Name: _____ **Date of Birth:** _____

Nickname: _____ **Sex:** _____ **County of Residence:** _____

Parent/Guardian Information (1)

Name: _____ **Relationship to child:** _____

Physical Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Mailing Address:
(If different)

Home #: _____ **Cell #:** _____ **Work #:** _____

Email (personal): _____ **Email (work):** _____

Place of work: _____ **Address:** _____

Parent/Guardian Information (2)

Name: _____ **Relationship to child:** _____

Physical Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Mailing Address:
(If different)

Home #: _____ **Cell #:** _____ **Work #:** _____

Email (personal): _____ **Email (work):** _____

Place of work: _____ **Address:** _____

Emergency Contact (1) NOT A PARENT

Name: _____ **Relationship to child:** _____

Address: _____ **City:** _____ **State:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Emergency Contact (2) NOT A PARENT

Name: _____ **Relationship to child:** _____

Address: _____ **City:** _____ **State:** _____

Home #: _____ **Cell #:** _____ **Work #:** _____

Persons allowed to pick up my child if I am unable to:

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: _____

(Annual Review) Parent's Signature: _____

Date: _____

EMERGENCY MEDICAL CONSENT

POSTVILLE CHILDCARE SERVICES, INCORPORATED

Child's Name _____ Date of Birth _____

In the event that my child requires medical attention and/or surgery while I am away or unable to be reached, I hereby give my consent for medical and/or surgical treatment for (Child's name) _____ to our preferred doctor. If our doctor is unavailable, the on-call doctor at the closest facility may give care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Parent/Guardian Information (1)			
Name:	Relationship to child:		
Physical Address:	City:	State:	ZIP:
Home #:	Cell #:	Work #:	
Parent/Guardian Information (2)			
Name:	Relationship to child:		
Physical Address:	City:	State:	ZIP:
Home #:	Cell #:	Work #:	

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:

Known Allergies:
Present Medications:
Important Medical history or issues:
Special Needs (Submit IEP or Doctor's Notes):
Does your child have any religious or cultural beliefs that may leave markings on their body?
Any religious or cultural beliefs that may affect the care we give your child?
Insurance Company, Address, Phone Number:

Parent's Signature: _____

Date: _____

(Annual Review) Parent's Signature: _____

Date: _____

Child's Name:	Date of Birth:
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Consent and Acknowledgements

I give permission to release my child's name and photograph to the news media for publicity of Postville Childcare's activities (e.g., picture of kids at a fundraiser), use on printed materials, and on Postville Childcare's Facebook page and website.

I give permission for Postville Childcare to apply sunscreen as needed when going outside. Parents supply non aerosol sunscreen.

I give permission for Postville Childcare to apply bug spray as needed when going outside. Parents supply non aerosol bug spray. *Due to the amount of requirements for applying bug spray, this will be requested only if deemed necessary by staff.

I understand that my child will be taking walks with the children and teachers from the center. All classrooms stay within a safe distance from the center and maintain DHS licensing standards.

I acknowledge and understand that the children and teachers will attend the Northeast Iowa Wellness Center facility located at 313 West Post Street, Postville.

I understand precautions are taken to ensure my child's safety during these events outside the center. I understand that large motor activities are important for my child's growth and development.

I acknowledge and understand that I am required to complete volunteer hours (10 hours for full time families, 6 for preschool families). I unfulfilled volunteer hours will be charged to my account at \$10.00 per hour.

Parent's Signature: _____

Date: _____

(Annual Review) Parent's Signature: _____

Date: _____

About Your Child

(This form is given to the classroom staff)

Child's Name:

Date of Birth:

Parent/Guardian Information (1)

Name:

Relationship to child:

Home #:

Cell #:

Work #:

Parent/Guardian Information (2)

Name:

Relationship to child:

Home #:

Cell #:

Work #:

Infants and Toddlers

Has your baby had any feeding problems? Yes No If yes, please explain:

Have you noticed any allergies or sensitivities to particular foods?

Is your baby: Breast fed Bottle fed

What food is your baby eating now?

Fruits

Juices

Vegetables

Meats

Cereals

Milk (Formula)

Sleep habits during the day:

Does your child have a "fussy" time? Yes No When?

How do you handle this "fussy" time?

Do you have special ways of helping your child go to sleep? If yes, how?

Does your child use a pacifier or suck thumb/fingers?

Has toilet training been attempted? Yes No What is used at home?

Is your child's skin highly sensitive? Yes No What is used at home?

How does your child relate to strangers?

Is your child frightened by anything?

Toddler and Older

How does your child get along with other children?

His/her usual playmates are: Girls Boys Older Younger

Is your child toilet trained? Yes No

Previous group experience other than school: Preschool Playgroup Sunday school

Other (Specify):

Personality and Emotional Development

Is your child affectionate? Yes No To whom?

Does she/he accept new people easily? Yes No

What are your child's fears?

Is your child usually happy? Yes No

What, if any, nervous habits does your child have?

Discipline

When you find it necessary to discipline your child, which parent usually does this and how?

VII. Other Information: Please list some of your child's favorite:

Snacks and drinks

Toys/Games

Pets

Other activities

Give any other information you believe will be helpful to us to meet your child's needs:

WHAT TO BRING TO CHILDCARE OR PRESCHOOL

Please label all of the items with your child's name (we recommend putting items in a ziplock). We are not responsible for lost, stolen or broken items.

Infant Rooms (Charges apply for center diapers or wipes)

Diapers	Diaper ointment (if needed)
Wipes	Formula (if applicable)
2 – 3 Bottles	2 pairs extra clothes

Toddler Room

Diapers or pull ups
Wipes
Diaper ointment (if applicable)
2 pairs extra clothes
Seasonal items such as snow pants, gloves (water proof), hat, scarf, boots
Appropriate footwear (**no flipflops please!!!!**)
Water Bottle (Summer)

3 and Older

1 pair extra clothes
Pullups (if applicable)
Seasonal items such as snow pants, gloves (water proof), hat, scarf, boots
Appropriate footwear (**no flip flops please!!!!**)
Water Bottle (Summer)

What NOT to bring

Candy or food
Toys, Silly Bands, or Jewelry
Electronics such as tablets, Ipods, or game systems

INFANT ROOM ONLY

Owlets Rest Assured Smart Sock 2 Policy

Owlet Rest Assured Smart Sock 2 (here on referred to as the Owlet) is a voluntary option for families at Postville Childcare (PCCS). The Owlet will be placed on the foot of the child upon arriving daily in the Infant Room at Postville Childcare Services. The Owlet will be worn at all times while they are in the Infant Room unless the parent states otherwise. This statement must be given in writing. Each child will be assigned an Owlet prior to their start date or prior to the first day of use.

The Owlet is used as an aid in monitoring your child and will not be a replacement for proper adult supervision. The Owlet does not guarantee the prevention of SIDS, but is an aid for monitoring your child while in the care of PCCS staff. All other Safe Sleep Policies will still apply.

Childs: Name: _____ DOB: _____

Yes, I would like PCCS staff to use the Owlet Smart Sock 2 on my child.

No, I would not like PCCS staff to use the Owlet Smart Sock 2.

I understand that I may change my consent/refusal at any time by written notice to the Director. I understand the policies and procedures stated above regarding the Owlet Rest Assured Smart Sock 2.

Parent/Guardian Signature: _____ Date: _____