

Ossian De Sales Child Care Center

416 East Main Street □ Ossian, Iowa 52161
(563) 532-9250

Attachment to Enrollment Form

(For staffing and enrollment purposes, please complete this form and return with completed application)

I anticipate using the Ossian De Sales Child Care Center beginning
_____ 20 _____. My child/ren will be attending _____ days per week.

The names and ages of my child/ren attending are:

_____ Age _____

_____ Age _____

_____ Age _____

Anticipated arrival time _____

Anticipated pick-up time _____

Comments: _____

Date

Signature of Parent or Guardian

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EFFECTIVE 8/1/14

INFANTS

\$3.10 PER HOUR

TODDLERS

\$3.00 PER HOUR

PRESCHOOLERS:

\$2.75 PER HOUR

2ND & 3RD CHILD DISCOUNTS

\$.50 off per hour per child

SCHOOL AGER: KINDERGARTEN & UP

\$2.70 PER HOUR

UNSCHEDULED HOURS

An extra \$.50 per hour

ANNUAL REGISTRATION FEE

**A \$30.00 registration fee will be assessed each child (\$35.00 per family with multiple children).
This fee is due each January.**

Meal Plan

\$1.80 per child, per day (18 months and older) for noon meal

**\$1.20 per day, per child under 1 year of age
eating table food or using the Center's formula or infant cereal**

\$.95 per day for breakfast for 18 months and older

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ENROLLMENT INFORMATION

I. Identification Information

A: Child's Name _____ Birth Date _____ Sex _____
Address _____ Phone Number _____

If child does not use his/her legal first name, please list the name he/she will be using

B: Mother

Name _____
Address _____ Home Phone Number (____) _____
Place of Employment _____ Work Phone Number (____) _____

C: Father

Name _____
Address _____ Home Phone Number (____) _____
Place of Employment _____ Work Phone Number (____) _____

D: Guardian or Custodian other than parent (if applicable)

Name _____
Address _____ Home Phone Number (____) _____
Place of Employment _____ Work Phone Number (____) _____

II. Family History

Marital Status of Parents: ___ Married ___ Divorced ___ Separated ___ Deceased ___ Single

Other Children in the Home (Name and Birth Date)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

III. Physical Regime

Does your child have any unusual eating habits or food dislikes? (Explain) _____

What is your child's usual waking time? _____ usual bedtime? _____

Does your child usually nap? ___ Time _____ How long _____

What is your child's attitude toward going to bed and taking a nap? _____

Does your child need help in? ___ Dressing/undressing ___ Washing ___ Eating ___ Toileting

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Urination

Bowel Movement

How does your child state need? _____

How dependable is your child? _____

IV. Play and Sociality

How does your child get along with other children? _____

Are your child's playmates? _____ girls _____ boys _____ younger _____ older _____ none

What is the usual size of your child's neighborhood play group? _____

Previous group experience? _____ nursery/preschool _____ play group _____ Sunday school

Personality and Emotional Development

Do you regard your child as affectionate? _____ To Whom? _____

Does your child accept new people easily? _____

Does your child have any special problems or fears? _____

Is your child usually happy? _____

What nervous habits does your child have? _____

When does your child show them? _____

Does your child have any special interests or favorite activities? _____

Give any further information that you believe will be helpful to us in understanding your child.

(visual or physical disabilities, for example) _____

VIII. Do you consider your child to be? _____ left-handed _____ right-handed _____ not sure

Date of Application

Signature of Parent/Guardian

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PICK-UP PERMISSION FORM

CHILD'S FULL NAME _____

I hereby give permission for my child to leave the center with the following persons named below.
It is the responsibility of the parents to notify the center, in writing, of any changes:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names of persons who may NOT pick up the child: _____

If there is a separation or divorce custody problem of which we should be aware, please explain:

Date

Signature of Parent or Guardian

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TRAVEL AND ACTIVITY AUTHORIZATION

I DO / DO NOT (please circle one) give permission for my child _____ to leave the Ossian De Sales Child Care Center with supervision for trips in a car or on public transportation to special places, walks to the park, shopping trips, etc. I understand that my child will be placed in a certified car seat or secured in a seat belt for any field trip using motorized vehicles. I also understand that I will be notified before each such activity.

RESTRICTIONS on such trips (If any, as set by parents or guardian):

1. _____
2. _____
3. _____

Date

Signature of Parent or Guardian

PICTURE AUTHORIZATION

I DO / DO NOT (please circle one) give my consent to let my child _____ be photographed for use by the Ossian De Sales Child Care Center in newspapers or other media for the purpose of news releases, publicity or advertisements.

Date

Signature of Parent or Guardian

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EMERGENCY MEDICAL AUTHORIZATION

I do hereby give permission and/or consent to the Ossian De Sales Child Care Center to secure and authorize such emergency medical care and/or treatment as my child, _____, might require while under the supervision of said provider. I further authorize Ossian De Sales Child Care Center to administer emergency care and/or treatment as required, until medical assistance is available. I agree to pay all costs and fees contingent upon any emergency medical care and/or treatment for said child as secured or authorized under this consent.

1. Parents/Guardians to be contacted:

Name _____ Relationship to Child _____
Employer: _____ Daytime Phone (____) _____
Work Hours: _____ Other Phone (____) _____

Name _____ Relationship to Child _____
Employer: _____ Daytime Phone (____) _____
Work Hours: _____ Other Phone (____) _____

2. Child's Doctor _____ Daytime Phone (____) _____

Address: _____

Preferred Hospital _____ Phone Number (____) _____

Address: _____

Child's Dentist _____ Daytime Phone (____) _____

Address: _____

Date of last Tetanus _____

Known Allergies _____

Religious Preference (optional) _____

3. In the event that my child may require emergency medical care and/or treatment while I am unable to be reached, I hereby give my consent to contact the following relatives or persons in an emergency:

Name	Employer	Daytime Phone	Relationship to Child
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Every effort will be made to notify parents immediately in case of emergency

_____	_____	_____	_____
Signature of Parent/Guardian	Date	Signature of Parent or Guardian	Date