



## Creative Center for Young Children

1001 Pleasant St. • Des Moines, Iowa 50309 • 515-280-3032 • CCYC@dmfirstchurch.org

### Enrollment Form

Child's Full Name: \_\_\_\_\_

Name Child is Called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Child's Gender: **Boy or Girl**

Please Circle one

#### Parent/ Guardian information

Parent/Guardian Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_

#### Parent/ Guardian information

Parent/Guardian Name: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work E-mail Address: \_\_\_\_\_



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## Emergency Information

### Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Dentist

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Hospital

Methodist  
Downtown

Methodist  
West

Mercy  
Downtown

Mercy  
West

Lutheran

Broadlawns

Please circle one

### Emergency Contacts

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_



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### Medical Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies & reactions (food, environmental, etc.): \_\_\_\_\_

List medications regularly taken: \_\_\_\_\_

Short medical history or problem: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Parent Social Security Number: \_\_\_\_\_

### **CCYC Medical Emergency Parental Consent:**

Permission for emergency medical care in parental absence; this form must be present upon admission for treatment. Every effort will be made to contact and notify parents or guardians immediately in the case of an emergency.

I hereby give my consent for medical and/or surgical treatment in the event that my child needs emergency medical and/or surgical care while I am out of town or unable to be reached. I agree to pay the entire costs or fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. This consent will be effective beginning the date signed below and continuing while my child is enrolled at CCYC.

Parent's Signature

Printed Name

Date



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# Travel/Activity Authorization

I give my permission for my child, \_\_\_\_\_, to leave the above named facility for field trips, walks, special activities, or emergency evacuation drills. I understand parents will be notified before field trips occur.

The church bus will be used for transportation.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

## Picture Release

I hereby, **DO/DO NOT** (Circle One), give my consent to let my child be photographed for the use by the center and outside newspapers or other outside media.

Pictures are taken in house for educational purposes by the center staff and may be posted on the CCYC Facebook, CCYC Website, or in CCYC brochures. No names will be used.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian



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### CCYC Pick-Up Permission Form

Child's Full Name: \_\_\_\_\_

If someone other than a parent is picking up your child, please alert the classroom teachers of this by writing it on the sign-in sheet, emailing or calling on the phone. The person picking your child up **MUST** be on this list. CCYC does not release children to persons under the age of 18 years of age.

I hereby give permission for my child to leave the center with the following adult(s) named below. The adult(s) named below shall not be a registered sex offender per DHS regulations. If there is a separation/divorce custody issue please explain on the back of this page and include a copy of the supporting court documents to be included in your child's file.

Parents/Guardians listed on the enrollment forms need not be listed here as they are automatically authorized to pick up their child.

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is the responsibility of the parent/legal guardian to notify the center, in writing, of any changes to this list of authorized adult(s).

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_