



Creative Center for Young Children
1001 Pleasant St. ● Des Moines, Iowa 50309 ● 515-280-3032
director@creativecenterforyoungchildren.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 (other than parent/guardian)

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 Social Media, 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: _____