

**Postville Childcare Service  
P.O. Box 402  
Postville, Iowa 52162**

**Intake Information**

**I. Identification Information**

Child's Name \_\_\_\_\_

What name does your child like to go by? \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Check here if address and phone are the same as the child.

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Number (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Father's Name \_\_\_\_\_

Check here if address and phone are the same as the child.

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Number (\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Number (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

## II. Family History

Marital Status of Parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Deceased \_\_\_\_\_ Single \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Other \_\_\_\_\_

Other Children in the home: (Name and Birth date)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Field Trip Permission

From time to time, PCCS teachers may wish to take the child on trips away from the building. These are part of our educational plan for each of the groups.

Whenever possible, teachers and children will walk to and from the building. There will always be enough adults to provide adequate supervision; otherwise staff will not be permitted to leave the premises.

If wheeled transport is necessary, we will utilize the school systems busing.

By signing the permission slip below, you are permitting your child to go on these trips. You will be notified a week prior to all field trips. If you choose not to sign the form, he/she will remain at the Center and join another class, until his/her class returns.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photograph Release

Yes No I give my permission for my child to be photographed for use by the Center in newspapers or other media.

Parent Signature: \_\_\_\_\_

# Emergency Medical Consent

## Permission for medical care in parental absence.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

In the event that my child may require medical and/or surgery while I am out of town or unable to be reached, I hereby give my consent for medical and/or surgical treatment to the listed doctor to provide 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.

Name of parent or legal guardian \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

	Mother	Father
Home Phone	_____	_____
Work Phone	_____	_____
Cell Phone	_____	_____

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Important medical history or problems: \_\_\_\_\_

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

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

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

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Emergency Contact and Pick-up Permission Form

Child's Name \_\_\_\_\_

I hereby give permission for my child to leave the center with the following persons.

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>	<u>Check to use as emergency contact</u>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

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

\_\_\_\_\_  
\_\_\_\_\_

Names of persons who should **NOT** pick up my child:

\_\_\_\_\_ Relationship to Child \_\_\_\_\_

\_\_\_\_\_ Relationship to Child \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_