

Kessel Kids CcLc
1135 Canterbury Street
Cresco, IA 52136
Phone: 563-547-3006
Fax: 563-547-4786

OFFICE USE ONLY:	
Anticipated Start Date:	
Approximate Schedule:	
Date of Inquiry:	Accepted: YES or WAITLISTED
Waitlist Note:	
<input type="checkbox"/> Enrollment Fee Paid	
<input type="checkbox"/> Parent has been invited to Procure	
Private Pay or Childcare Assistance:	
<input type="checkbox"/> Contract Option (Entered in Procure-both contract and billing option): _____	
<input type="checkbox"/> ACH information is entered	
<input type="checkbox"/> CACFP Application Completed (Entered in Procure) Status: F R PD	
Completed Forms:	
<input type="checkbox"/> Well/Child or Physical is filed.	RECORD DATE:_____
<input type="checkbox"/> Immunization Record is filed.	
<input type="checkbox"/> Emergency Medical Treatment Form Complete	
<input type="checkbox"/> Medical and Dental Providers listed and entered in Procure	
<input type="checkbox"/> Emergency Contacts are listed (have to have at least one beside parent)	
<input type="checkbox"/> Emergency Cards are printed (one for admin folder, one for child file, one for classroom)	
<input type="checkbox"/> Information is complete in child file spreadsheet	
<input type="checkbox"/> Parent Health Statement is complete and signed	
<input type="checkbox"/> Handbook Acknowledgement signed	

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Child's Information:

Child's Name (First, Middle, Last):

Preferred Name:

Date of Birth:

Address:

City:

State:

Zip:

Ethnicity (Circle one): H=Hispanic or Latino OR N=Non Hispanic or Latino):

Race (Select one or more):

W=White B=Black or African American I=American Indian or Alaskan Native A=Asian P=Native Hawaiian or other Pacific Islander

This information is requested by the Federal Government in order to monitor compliance with Civil Rights law. You are not required to furnish this information, but are encouraged to do so. The law requires that organizations may not discriminate on the basis of this information nor whether you choose to furnish it.

Child at a Glance:

Approximate schedule at center:

Primary language:

Likes:

Dislikes:

Medical/Dental Information (a health care and dental provider is required):

Child's Primary Provider:

Phone #:

Hospital of Choice:

Address:

Insurance Provider:

Policy #:

Child/ren do not have health insurance.

Dentist of Choice:

Phone #:

Dental Facility:

Address:

Dental Insurance Provider:

Child/ren do not have dental insurance

Allergies, existing medical conditions, medications, special needs or instructions:

Parent/Guardian Information (1)			
Name:	Relationship to Child:		
Address:	City:	State:	Zip:
Home #:	Mobile Phone Number:		
Preferred Email:			
Place of Work:	Work Phone:		
Work Address:			

Parent/Guardian Information (2)			
Name:	Relationship to Child:		
Address:	City:	State:	Zip:
Home #:	Mobile Phone Number:		
Preferred Email:			
Place of Work:	Work Phone:		
Work Address:			

Secondary Emergency Contacts (secondary contacts will be used when the parents cannot be reached)	
Name:	Relationship to Child:
Contact Number(s):	Place of Employment:
<input type="checkbox"/> Allowed to pick up child/children from facility	

Name:	Relationship to Child:
Contact Number(s):	Place of Employment:
<input type="checkbox"/> Allowed to pick up child/children from facility	

Name:	Relationship to Child:
Contact Number(s):	Place of Employment:
<input type="checkbox"/> Allowed to pick up child/children from facility	

Additional Pickups not considered emergency contacts:

Name:	Relationship to Child:
Contact Number(s):	Place of Employment:

Name:	Relationship to Child:
Contact Number(s):	Place of Employment:

Name:	Relationship to Child:
Contact Number(s):	Place of Employment:

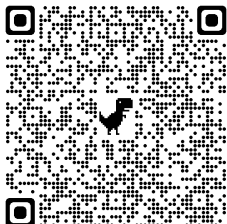
Name:	Relationship to Child:
Contact Number(s):	Place of Employment:

****Please note anyone that is **UNABLE** to pick up the child or children in care. A copy of the court order is required if a parent is listed.*

Consent and Releases (individual permission slips will be issued for special events outside of the center):

<input type="checkbox"/> Consent is given for my child/ren to utilize public transit when age-appropriate
<input type="checkbox"/> Consent is given for my child to utilize Howard Winneshiek School District's transportation services when age-appropriate.
Photo Release: <input type="checkbox"/> My child may be photographed while in child care. Photos may be used in newspapers or other media for the purpose of publicity or shared with other families whose children attend the child care program. <input type="checkbox"/> Decline Photo Release
<input type="checkbox"/> Consent is given for walking/stroller rides within school district property
<input type="checkbox"/> Consent is given to utilize Howard Winneshiek School Districts elementary school playground when age-appropriate

Scan the QR code with your camera to review our Parent Handbook.



I have received and read the Parent Handbook.
 Signature: _____ Date _____