

Child Enrollment Information

Child's Information	
Child's Name:	Date of Birth:
Address (City, State, ZIP):	

Parent/Guardian Information #1	
Name:	Relationship to Child:
Address (if different than child):	
Cell Phone #:	Work/Home Phone #:
Place of Work:	Email Address:

Parent/Guardian Information #2	
Name:	Relationship to Child:
Address (if different than child):	
Cell Phone #:	Work/Home Phone #:
Place of Work:	Email Address:

Emergency Contact #1	
Name:	Relationship to Child:
Address (if different than child):	Cell Phone #:
Email Address:	

Emergency Contact #2	
Name:	Relationship to Child:
Address (if different than child):	Cell Phone #:
Email Address:	

Emergency Contact #3 (Out of State/Area)	
Name:	Relationship to Child:
Address:	Cell Phone #:
Email Address:	

Parent Handbook Statement

Please sign and return this page to the Postville Childcare office along with the Enrollment paperwork.

I _____ have fully read and understand the Postville Childcare Services Inc. Parent Handbook, and agree to abide by the following policies and procedures stated in the handbook. I understand the failure to abide by the policies and procedures stated in the handbook could result in termination of care for my child(ren).

Signed _____ Date _____
(Parent 1)

Signed _____ Date _____
(Parent 2)