

# St. Teresa of Calcutta Catholic School



## Child Care Center Enrollment Packet

416 E Main St. Ossian, IA 52162  
563-532-9250

Updated January 2021



St. Teresa of Calcutta Child Care Center  
Child Enrollment Form

**Child's Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Comforting Items: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

**#1 Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work # \_\_\_\_\_

**#2 Parent/Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work # \_\_\_\_\_

**Emergency Contacts**

If parent/guardian can not be reached in the event of an emergency:

**#1 Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work # \_\_\_\_\_

**#2 Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work # \_\_\_\_\_

**#3 Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email: \_\_\_\_\_  
Work Place: \_\_\_\_\_ Work # \_\_\_\_\_

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**Medical Information - All areas must be completed**

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

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

Dentist or prospective dentist (REQUIRED): \_\_\_\_\_ Phone # \_\_\_\_\_

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

**Please submit your child's most recent immunization record and physical.**

Does your child have any special needs that the center needs to be aware of?

\_\_\_\_\_

**Authorized Pick Up List**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

Anyone NOT Allowed to pick up the child: \_\_\_\_\_  
(With court order, if applicable)

**Consent is given for initialed items below:**

\_\_\_\_\_ **Photo Release**

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.

\_\_\_\_\_ **Decline Photo Release**

Do not photograph my child while in the child care program.

\_\_\_\_\_ **Walking Trips in town**

\_\_\_\_\_ **Motor Vehicle Trips (Field Trips)**

Type of vehicles (Buses, cars, etc) \_\_\_\_\_ Restraint system to be used \_\_\_\_\_

\_\_\_\_\_ **Swimming and/or wading**

(preschool/school-aged summer field trips to Calmar Pool)

\_\_\_\_\_ **Trips to Ossian Parks**

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**Enrollment Checklist:**

- Completed enrollment packet
- Tuition Express (auto withdraw) form
- Agreement for services
- Most recent physical (within 1 year)
- Most recent immunization record
- Schedule & start date