

Parent/Guardian Information

Registration Date: \_\_\_\_\_

Custodial Parent/Guardian First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

[ ] Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Education of Guardian 1 [ ] GED [ ] HS Diploma [ ] Some College [ ] College Degree

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other \_\_\_\_\_

Does your family participate in the WIC program? [ ] Yes [ ] No [ ] Don't know

Does your family have medical insurance? [ ] All family members insured [ ] Children on HAWK-I [ ] Other \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent or Guardian 2 First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

[ ] Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Education of Guardian 2 [ ] GED [ ] HS Diploma [ ] Some College [ ] College Degree

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other \_\_\_\_\_

Child Information

1st Child First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require? \_\_\_\_\_

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

Medication Needed [ ] Yes [ ] No AEA Services [ ] Yes [ ] No

My child is healthy and does not have any contagious disease/illness. \_\_\_\_\_ Signature

I give Sunshine permission to have my child appear in any media coverage approved by Sunshine. Examples of program newsletters, site bulletin boards, local newspaper articles. [ ] Yes [ ] No \_\_\_\_\_ Signature

I give Sunshine permission to take my child on any Center Sponsored Field Trips. \_\_\_\_\_ Signature

\*You will be informed of any field trips with a planned destination by Sunshine Staff 5 days prior to field trip.

See Handbook for Further Information.

PARENTAL EMERGENCY MEDICAL/SURGICAL/DENTAL CONSENT

Child Development, Inc./Sunshine Preschool  
101 Creslane Drive Maquoketa, IA 52060

Permission for above care, in the absence of parents. Must be presented for treatment.

- 1. Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_
- 2. Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_
- 3. Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

In the event that may require emergency Medical/Surgical/Dental care while I am out of the city or unable to be reached, I hereby give my consent to medical/surgical/dental procedures at the Jackson County Regional Health Care Center/Dental office. In the event that my physician or dentist is unavailable, a licensed, qualified physician or dentist may be secured. I agree to pay all the costs and fees contingent on any emergency medical/surgical/dental treatment for my child as secured or authorized under this consent.

Doctor	Hospital	Dentist
Clinic: _____	Name: _____	Clinic: _____
Doctor: _____	Address: _____	Dentist: _____
Address: _____	_____	Address: _____
_____	Phone _____	_____
Phone Number: _____	Number: _____	Phone Number: _____

**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child/ren: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child/ren: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child/ren: \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

I give permission for \_\_\_\_\_ to be transported to and from school by the Maquoketa Community school bus. I understand that there will be no staff from Sunshine Learning Center on the school bus.

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

\_\_\_\_\_  
Date