



601 Panther Dr. | Panora, Iowa 50216 | 641-755-3003 | littlepantherdaycare.com

little panther
DAYCARE & PRESCHOOL

Enrollment Information

Date you would like to enroll your child: _____

Child's Full Name: _____

Child's Social Security Number: _____

Sex: _____ Age: _____ Date of Birth: _____ Phone: _____

Address: _____

Enrollment Status: Full-Time _____ Part-time _____ B/A School _____ Temporary Care _____

Schedule:	Drop-Off Time	Pick-up Time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Family Information:

Marital Status of Parents: Single _____ Married _____ Separated _____ Divorced _____

Name of Mother/Guardian: _____

Address: _____ Home Phone #: _____

Cell Phone #: _____

Home Email: _____ Work Email: _____

Place of Employment: _____ Phone: _____

Name of Father/Guardian: _____

Address: _____ Home Phone #: _____

Cell Phone #: _____

Home Email: _____ Work Email: _____

Place of Employment: _____ Phone: _____

Brother/Sister's Name: _____ Age: _____

Brother/Sister's Name: _____ Age: _____

Brother/Sister's Name: _____ Age: _____

Please List Persons Authorized To Pick Up Child From Little Panther Daycare & Preschool (This person shall not be a registered sex offender.):

Name	Address	Relationship	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Parents need to notify staff if someone other than themselves will be picking children up from daycare. Identification may be asked for if the teacher does not know the authorized person.

Health Care Information:

Name of Physician: _____ Phone: _____

Address: _____

Name of Dentist: _____ Phone: _____

Address: _____

Insurance Company: _____ Policy #: _____

First Aid:

In the event of an emergency, I authorize the Staff of Little Panther Daycare to provide any first aid care necessary for my child. In the event of an emergency, I authorize the Staff of Little Panther Daycare to secure and authorize such emergency medical care and/or treatment as my child above named, might require while under the supervision of Staff of Little Panther Daycare. I also agree to pay the entire costs and fees contingent on any emergency medical care and or treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency.

Parent/Guardian Signature: _____ Date: _____

Child's Health Conditions:

Child's Allergies(must have physician's order to change diet): _____

Other medical conditions: _____

Daily Medications and Dosage: (Medical release must match doctor's orders): _____

Field Trips: I give permission for my child to go on walks to nearby destinations without any additional consent.

Parent Signature: _____

Photo Release: I give authorization for my child to be photographed for use by the center of newspapers, displays in the center for teacher activities, and/or LPDP website.

Parent Signature: _____

The following information is requested by the Federal Government for certain types of loans and grants, in order to monitor compliance with civil rights laws. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this program representative is required to note race/ethnicity on the basis of visual observation or surname.

I do not wish to furnish this information.

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

White

Black or African American

American Indian/Alaska Native

Asian

Native Hawaiian/ Pacific Islander

Gender: Male Female