UnityPoint Health
Des Moines

# APPLICATION FOR ENROLLMENT

Child's Name _____

Date of Birth _____ Age _____ Sex _____

***Mother's*** Name _____ Home Phone ( _____ ) _____

Home Address _____ Social Security Number _____

City _____ State _____ Zip _____

***Father's*** Name _____ Home Phone ( _____ ) _____

Home Address _____ Social Security Number _____

City _____ State _____ Zip _____

Parent Email _____

Parent Employed by UnityPoint Health – Des Moines_____

Department Name _____ Department Code _____ Campus _____

Position _____ Work Phone ( _____ ) _____

Other Parent's Place of Employment _____Work Phone(_____)_____

***Family Physician*** _____ Phone ( _____ ) _____

Address _____ City _____

***Family Dentist*** _____ Phone ( _____ ) _____

In case of an emergency contact:

_____ _____ _____

*Name* *Relationship to Child* *Phone Number*

## PICK UP AUTHORIZATION

I authorize the following person(s) to pick up the above named child from the Center:

Mother _____ Father _____

| Name | Relationship to Child | Telephone Number |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

OVER

## PHOTOGRAPHY/RECORDING CONSENT

I consent to the taking of photographs, video and/or audio recordings of _____ at UnityPoint Health – Des Moines Child Development Center for educational or promotional purposes.
*Child's Name*

These photographs/recordings may be used for the following:

☐ For educational publications, presentations, seminars and forums.

☐ For promotional or publicity purposes. This information may be used in any publication or electronic media (including but not limited to newspapers, television, radio, magazines or brochures), as approved by UnityPoint Health – Des Moines.

I realize that I will receive no payment in connection with any exhibition of photographs, video or audio recordings I have authorized above, and I waive any claims that I or others may have for any such payments.

## FIELD TRIP PERMISSION

I hereby give permission for _____
*Child's Name*

to take part in walks and/or field trips under the supervision of the Center staff. All off-campus trips require a special signature and may involve additional charges that will be payroll deducted along with regular fees.

## HANDBOOK

☐ I agree to follow all center policies as outlined in the Parent Handbook.

## PAYROLL DEDUCTION

☐ I hereby authorize UnityPoint Health – Des Moines to deduct from my payroll check the amount owing for child care services provided to me by Day Care during each pay period.

_____ _____

*Parent or Guardian* *Date*