

## Lionheart Early Learning Child Registration

<b>Child's First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Sex</b>
<b>Address</b>		<b>City, State, Zip</b>	

<b>Parent/Guardian</b>	<b>Home Phone</b> ( )	<b>Cell Phone</b> ( )
<b>Workplace</b>	<b>Work Phone</b> ( )	<b>Cell Phone Provider</b>
<b>Address, City, State, Zip (if different from child)</b>		<b>Email</b>

Cell provider allows us to send text alerts in the event of an emergency.

<b>Parent/Guardian</b>	<b>Home Phone</b> ( )	<b>Cell Phone</b> ( )
<b>Workplace</b>	<b>Work Phone</b> ( )	<b>Cell Phone Provider</b>
<b>Address, City, State, Zip if different from child)</b>		<b>Email</b>

<b>Physician</b>	<b>Address</b>	<b>Phone</b> ( )
<b>Dentist</b>	<b>Address</b>	<b>Phone</b> ( )
<b>Hospital</b>	<b>Address</b>	<b>Phone</b> ( )

Unless indicated above Lionheart will use the following providers:

Oral Surgery Associates of Iowa City 2814 Northgate Dr. #2, Iowa City, IA 52245

Mercy Hospital 500 E Market St, Iowa City, IA 52245 (319) 339-0300

Pediatric Associates of Iowa City 605 East Jefferson St., Iowa City, IA 52245 (319) 351-1448

<b>Name of Insurance</b>	<b>Subscriber's Name</b>	<b>Plan ID #</b>
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### Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations

Name any concern that might require special care. Expect and give permission for the center to post the name, photo, and type of health concern the child has that might require an emergency response, eg, food allergy, severe reaction to insect stings, asthma, blood sugar condition, medication problem.

I give consent for my child to participate on group walks. Fieldtrips in a car, van, or public transportation will require a separate permission statement.

<b>Parent/Guardian</b>	<b>Date</b>
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### Emergency Contacts (a minimum of 2 required)

(Individuals to whom a child may be released if parent/legal guardian is unavailable or who may be contacted in an emergency)

Emergency Contact 1	Home Phone (   )	Cell Phone (   )
Workplace	Work Phone (   )	Relationship to child
Emergency Contact 2	Home Phone (   )	Cell Phone (   )
Workplace	Work Phone (   )	Relationship to child
Emergency Contact 3	Home Phone (   )	Cell Phone (   )
Workplace	Work Phone (   )	Relationship to child
Emergency Contact 4	Home Phone (   )	Cell Phone (   )
Workplace	Work Phone (   )	Relationship to child

### Parent/Legal Guardian Consent

As parent/legal guardian, I give consent for my child to receive first aid from facility staff and, if necessary, to be transported to receive medical/surgical/dental care in an emergency. I understand that I will be responsible for all charges not covered by insurance. The information on this form may be shared with staff members who are responsible for supervision of my child. I understand that I will be asked to sign separate consent forms for medication administration, release of confidential information, field trips, and special program activities.

For child pickup and emergencies: If I am unavailable for a routine or emergency pickup of a child, I give consent for the emergency contact person listed previously **to act on my behalf** until I am available. I understand that a photo ID will be requested by staff members to be sure that the person picking up my child is a person who is listed on this form as a person who is authorized to do so. I agree to review and update this information whenever a change occurs and at least annually.

<b>Parent/Guardian</b>	<b>Date</b>
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### Photography Release

Lionheart Early Learning may take photographs/video tapings of our child for use in classroom projects, portfolios, and displays within the center.

<b>Parent/Guardian</b>	<b>Date</b>
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I/We do do not (circle) give consent that Lionheart Early Learning may take photographs/video tapings of our child and I/We consent that the program may use the photographs/video tapes of our child in promoting the purpose of the Center. We understand that no financial benefits from the use of the photographs/video tapes are obligated to be paid by us.

<b>Parent/Guardian</b>	<b>Date</b>
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