



Southwest Valley Early Childhood Education Center

Corning Site

*905 Benton Ave
Corning, IA 50841*

Villisca site

*219 Central Ave
Villisca, IA 50864*

Enrollment Form

Student Information:

Child's Full Name: _____

Child's Home Address: _____

D.O.B. _____ Gender: _____ Enrollment Date: _____

Family Information:

#1 Parent/Guardian

Full Name: _____

Relationship to child: _____

Address: _____

Personal #: _____ Work #: _____

Email: _____

Employer: _____

Employer Address: _____

Emergency Contacts:

Your child will be released on to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility incase of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name: _____

Address: _____

Personal #: _____ Work #: _____

Name: _____

Address: _____

Personal #: _____ Work #: _____

Name: _____

Address: _____

Personal #: _____ Work #: _____

Release Authorities:

___ I give consent for my child to participate in field trips. I reserve the right to be notified for field trips that require vehicle travel. I release the program of any liability unless negligence is proven.

___ I give consent for photos and recordings to be taken of my child for the purpose of proof of participation in programs activities and/or publicity of the daycare.

___ I give permission to apply sunscreen as needed to my child during sunny weather.

___ In cases of emergency or continuing care plans, I give permission for daycare to consult with my family physician.

___ I am aware and give consent for SWV ECEC to take my infant's temperature under the arm.

I understand the consents are valid for the time my child is enrolled in Southwest Valley E.C.E.C. and that it is my responsibility to notify the daycare of any changes to this form.

Signature of Parent/Guardian: _____

Date: _____