Hiersteiner Child Development Center
Johnson County Community College
Child Information Record

Child’s name: ____________________________________________________________
Last    First    Middle

Child’s address: _________________________________________________________
Street    City    State    Zip Code

Date of Birth: ______/_____/______          Gender: □Male  □Female

Does your child have an:  Individual Family Service Plan □ Yes*  □ No
Individual Education Plan □ Yes*  □ No

*If yes, please provide us with a copy.

Child’s □ parent(s):
□ guardian(s):
□ foster parent(s):

Person(s) who may receive financial information _______________________________________________________

Foods Not Eaten for Religious Reasons _____________________________________________________________

Allergies _________________________________________________________________
(If child has a food allergy, a Meal Modification form must be completed and signed by a doctor.)

I give permission for my child’s food restrictions to be posted within the center:  □ Yes  □ No

Medical Concerns __________________________________________________________

JCCC Affiliation:
□ Not affiliated  □ Affiliated: Name of individual affiliated to JCCC ________________________________

If JCCC affiliated:
□ Employee  □ Student  Student/Employee ID: ______________  Relationship to child: ______________

Are you a JCCC student that is currently in the military or a veteran:  □ Yes  □ No

Emergency Contact/Authorized Pickup (other than Parent/Guardian): a minimum of two contacts are required
    An emergency contact is a person who is able to pick up your child within 30 minutes of being contacted if you
    are unable to be reached.

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<th>Relationship to Child</th>
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Rev. Date: 8/14/18
Permission to Participate in School Activities

I hereby grant permission for ________________________________ to use all of the play equipment and participate in all activities of the school; participate in supervised walks and other activities away from the building premises and be included in supervised observation and lab work connected with a school academic program.

HCDC Handbook Agreement

By signing this form, the parent or guardian of the child named above expressly agrees to the Hiersteiner Child Development Center (HCDC) policies and procedures as outlined in the Parent Handbook. On the date of official withdrawal, this agreement will be considered terminated.

Signed _________________________________________ Date ___________________________

Media Release

I, the undersigned, hereby consent and agree that HIERSTEINER CHILD DEVELOPMENT CENTER has permission for ________________________________ to be included in interviews, photographs and/or videotaping. Any information or images obtained from these activities may be reproduced by JCCC and/or the public for use in advertising, publicity or educational activities, including, but not limited to, JCCC publications and/or videos, print and television, e-mail and the JCCC Web site. I hereby waive any claims I may have and release JCCC and its employees from any liability or claims arising out of such activities. I hereby certify that I am the parent/legal guardian for:

☐ No exceptions

Or please list any exceptions: ________________________________________________________________

____________________________________________________________________________________

Signature of Parent/Guardian__________________________________________ Date______________

Email and phone are our primary modes of communication. If you would also like to receive text messages please check and fill out below:

☐ Text – Carrier:______________________ Number:______________________________