

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 or student spouse 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.

Name	Phone Number	Relationship to Child

**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:

Yes

No

**Posted to HCDC only**

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: \_\_\_\_\_