



Grinnell Community Early Learning Center

Grinnell College Reunion Weekend

Saturday, June 3, 2023 4-10 p.m.

Childcare Registration Information

Child _____ Age ____ Child _____ Age ____

Child _____ Age ____ Child _____ Age ____

Parent(s)

Parent _____ Class Year _____ Mobile Phone Number _____

Parent _____ Class Year _____ Mobile Phone Number _____

Name of other person(s) who has permission to pick up child.

Please note if there are any health concerns we need to be aware of.

I understand that child care for my child(ren), listed above, are provided by Grinnell Community Early Learning Center on behalf of Grinnell College.

Parent/Guardian's Signature _____ Date _____

Medical and Dental Consent

I, _____ (parent or guardian) of

_____, age(s) _____,

do hereby give my permission and/or consent to the staff of the Grinnell Community Early Learning Center, Grinnell, Iowa, to secure and authorize such emergency medical/dental care and/or treatment as my child(ren) might require while under the supervision of the center. I also agree to pay for the entire costs and fees contingent on any medical/dental care and/or treatment for my child(ren) as secured or authorized under this consent.

Parent/Guardian's Signature _____ Date _____

**Every effort will be made to notify parents immediately in case of an emergency.*

Please email completed form to reunionhelpdesk@grinnell.edu.