



Selection of Programs

Well and Mildly Ill Back-up Child Care

Name: _____

Email Address: _____

Contact Telephone Number: _____

I wish to pre-register/pre-enroll with the program or programs that I have checked below.

_____ Handicare, Inc. (is center-based and offers well back-up child care)

_____ Caring Hands & More, Inc. (is in the home of the parent, and offers well and mildly ill back-up care)

For questions, contact Nicole Studt, Family Services Coordinator

- nicole-studt@uiowa.edu
- 319-335-1371

By signing below, I am pre-registering/pre-enrolling with the program(s) I have checked above.

- I understand that all required forms must be completed and received by the UI Family Services Office at least two (2) working days prior to me requesting the Well or Mildly Ill Back-up Child Care from the program(s) I have checked above.
- I understand that Nicole Studt, UI Family Services Coordinator, will confirm with me that I have completed the pre-registration/pre-enrollment process.
- I give my permission and authorize Nicole Studt, UI Family Services Coordinator, to forward my pre-registration/pre-enrollment forms to the program(s) I have checked above.
- I agree to follow the program(s) guidelines.

Signature of Parent

Date

Return to

Nicole Studt
Family Services Office
121-50 University Services Building
(121-50 USB)
319-353-2384 (fax)