

REGISTRATION/PERMISSION

CHILD INFORMATION	Name _____	Ethnicity	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino
	Address _____	Racial	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> African American
	_____		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
	Birthdate / /	Age _____	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian

Information is used only for our Milk Program

PARENT INFORMATION	Name _____	PARENT INFORMATION	Name _____
	Address _____		Address _____
	_____		_____
	Phone () -		Phone () -

LC Staff Division/Extension _____
 LC Student Program/Course _____
 Community Employer _____
 ID # _____

REQUESTED SCHEDULE

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

CHILD INFORMATION

 Does your child have food allergies? Yes No

Specify _____

 Does your child have **other** allergies? Yes No

Specify _____

 Does your child have any chronic conditions? Yes No

Specify _____

 Is there a need to restrict your child's activity? Yes No

Specify _____

 Has your child ever had an operation? Yes No

Specify _____

 Does your child have any indication of: Hearing difficulty Visual difficulty Speech difficulty

Specify _____

 Is there any indication of emotional or behavioral problems? Yes No

Specify _____

 Does your child nap? Yes No

If yes, what time? _____



CHILD CARE CENTER

Has your child had previous experience in group care? Yes No

Does your child play well with other children? Yes No

Is your child careful or destructive with toys? Careful Destructive

Is your child toilet trained? Yes No

Does your child need assistance in the bathroom? Yes No

Are there any holidays or events that your family does or does not celebrate?

Celebrate _____

Do not celebrate _____

CHILD INFORMATION SURVEY

My child likes _____

My child dislikes _____

My child is afraid of _____

My child can be comforted by _____

What are your expectations of the LTC Child Care Center?

Will your child care fees be paid for by an agency? Yes No

If yes, what is the name of the agency? _____

FIELD TRIP PERMISSION

I hereby give my child permission to take walks, trips, excursions and participate in activities conducted by the LC dental, nursing, EMT, hazmat and police science students under the direct supervision of the LC Child Care Center staff.

Signature

Date

PHOTO RELEASE

I hereby give my permission to LC, to photograph my child to be used for school scrapbooks, children's portfolios and files, and publicity purposes such as college brochures and newspaper articles.

Comments/restrictions _____

Please do not take photos of my child.

Signature

Date