

**REGISTRATION/PERMISSION**

<b>CHILD INFORMATION</b>	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
	Birthdate    /    /                      Age _____	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <i>Information is used only for our Milk Program</i>

<b>PARENT INFORMATION</b>	Name _____	<b>PARENT INFORMATION</b>	Name _____
	Address _____		Address _____
	Phone (    ) - _____		Phone (    ) - _____
	<input type="checkbox"/> LTC Staff      Division/Extension _____ <input type="checkbox"/> LTC Student    Program/Course _____ <input type="checkbox"/> 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? \_\_\_\_\_



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 LTC dental, nursing, EMT, hazmat and police science students under the direct supervision of the LTC Child Care Center staff.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**PHOTO RELEASE**

I hereby give my permission to LTC, 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*