LAKESHORE COLLEGE

CHILD CARE CENTER

REGISTRATION/PERMISSION

CHILD INFORMATION

Name _____

Address _____

_____

Birthdate ___ / ___ / ___   Age _____

Ethnicity   ☐ Hispanic/Latino   ☐ Not Hispanic/Latino

Racial

☐ American Indian/Alaska Native   ☐ African American
☐ Native Hawaiian/Other Pacific Islander
☐ Asian   ☐ Caucasian
Information is used only for our Milk Program

PARENT INFORMATION

Name _____

Address _____

_____

Phone (___) ___ - _____

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

PARENT INFORMATION

Name _____

Address _____

_____

Phone (___) ___ - _____

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 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*

Revised 4-28-14