



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? _____

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