

## 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 <i>Information is used only for our Milk Program</i>

PARENT INFORMATION	Name _____	PARENT INFORMATION	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?

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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*