

REGISTRATION/PERMISSION SCHOOL AGE CHILDCARE

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	_____
	<input type="checkbox"/> LTC Staff Division/Extension _____ <input type="checkbox"/> LTC Student Program/Course _____ <input type="checkbox"/> Community Employer _____ ID # _____				

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 play well with other children? ☐ Yes ☐ No

Is your child careful or destructive with toys? ☐ Careful ☐ Destructive

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 _____

What are your expectations of the LTC Child Care Center?

Will your child need to log into their school while at the center?

☐ Yes, time/duration: _____ ☐ No

Please be sure your child has their computer and login information with them. Computers may only be used to complete schoolwork. Childcare staff will be expected to monitor childcare classroom – children will be expected to complete schoolwork independently.

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 08-24-2020