



LAKESHORE TECHNICAL COLLEGE
CHILD CARE CENTER
REGISTRATION/PERMISSION

*****CHILD INFORMATION*****

NAME: _____ ADDRESS _____

AGE: _____

DOB: _____

ETHNICITY DATA : Caucasian - Hispanic or Latino - American Indian -Alaska Indian - Asian - African American
Native Hawaiian or Other Pacific Islander (please circle one)

*****PARENT INFORMATION*****

PARENT: _____ ADDRESS _____

PHONE #: _____

PARENT: _____ ADDRESS _____

PHONE #: _____

STAFF(work division or ext.) _____ ID# _____

STUDENT(program/course) _____ ID# _____

COMMUNITY(employer) _____ SS# _____

PLEASE INDICATE THE DAYS AND TIMES THAT YOU NEED

MON _____ TUES _____ WED _____ THURS _____ FRI _____

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? Y or N

SPECIFY: _____

DOES YOUR CHILD HAVE ANY OTHER ALLERGIES? Y or N

SPECIFY: _____

DOES YOUR CHILD HAVE ANY CHRONIC CONDITIONS? Y or N

SPECIFY: _____

IS THERE NEED TO RESTRICT YOUR CHILD'S ACTIVITY? Y or N

SPECIFY: _____

HAS YOUR CHILD EVERY HAD AN OPERATION? Y or N

SPECIFY _____

DOES YOUR CHILD HAVE ANY INDICATION OF _____HEARING DIFFICULTY _____VISUAL DIFFICULTY _____ SPEECH DIFFICULTY

SPECIFY: _____

IS THERE ANY INDICATION OF EMOTIONAL OR BEHAVIORAL PROBLEMS? Y or N

SPECIFY: _____

DOES YOUR CHILD NAP? Y or N IF YES, WHAT TIME ? _____

HAS YOUR CHILD HAD PREVIOUS EXPERIENCE IN GROUP CARE? Y or N _____

DOES YOUR CHILD PLAY WELL WITH OTHER CHILDREN? _____

IS YOUR CHILD CAREFUL OR DESTRUCTIVE WITH TOYS? _____

IS YOUR CHILD TOILET TRAINED? Y or N _____

DOES YOUR CHILD NEED ASSISTANCE IN THE BATHROOM? _____

ARE THERE ANY HOLIDAYS OR EVENTS THAT YOUR FAMILY DOES OR DOES 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 OUR CENTER? _____

WILL YOU CHILD CARE FEES BE PAID FOR BY AN AGENCY? Y or N NAME OF AGENCY _____

IF YOU WILL BE PAYING FOR YOUR CHILD CARE WOULD YOU LIKE TO BE BILLED: (WEEKLY) OR (MONTHLY)

*****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, HAZ. MAT. AND POLICE SCIENCE STUDENTS UNDER THE DIRECT SUPERVISION OF THE CHILD CARE CENTER STAFF.

DATE

SIGNATURE

*****PHOTO PERMISSION*****

I HEREBY GIVE MY PERMISSION TO TAKE PHOTOS OF MY CHILD TO BE USED FOR SCHOOL SCRAP BOOKS, CHILDREN'S PORTFOLIOS AND FILES OR PUBLICITY PURPOSES SUCH AS COLLEGE BROCHURES AND NEWSPAPER ARTICLES.

COMMENTS OR RESTRICTIONS: _____

PLEASE DO NOT TAKE PHOTOS OF MY CHILD.

DATE

SIGNATURE