

**College of Lake County
Children's Learning Centers Enrollment Application**

Semester: _____ Schedule: Monday: _____
Year: _____ Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

Child's Information:

NAME(S): _____ BIRTH DATE (S): _____
BOY/GIRL: _____ AGE(S): _____ # CHILDREN ENROLLED _____
Does your child (ren) have any allergies? YES/NO
Describe:

Does your child (ren) have any physical problems that require special assistance? YES/NO
Describe:

Parent's Information:

NAME (mother) _____ (father) _____
Home address (mother) _____ (father) _____
Business address (mother) _____ (father) _____

Phone numbers (mother) Home: _____ Work: _____ Cell: _____
Phone numbers (father) Home: _____ Work: _____ Cell: _____
CLC Student ID# _____
Are you a single parent? YES/NO Racial /Ethnic Description _____
Are you receiving assistance for child care? Circle all that apply.
YWCA Financial Aid/Grants Other _____



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**College of Lake County
Children's Learning Centers Schedule and Re-Enrollment Form**

Child's Name: _____ Age: _____

Parent's Name: _____ CLC ID#: _____

Home Phone: _____ Work Phone: _____ Other: _____

Parent's Work/School Schedule:

Class	Days	Time (from/to)	Instructor	Room	Credit Hours

Emergency Information: In case of EMERGENCY, the following people may be contacted to pick up my child. (Note: At least two people must be listed who are not parents.)

Name	Address	Phone Numbers

CFS 581

State of Illinois
Illinois Department of Children and Family Services
VERIFICATION OF RECEIPT

I/WE, _____

Please Print Name(s)

parent(s) of _____; hereby certify that I/we have

Name(s) of Child (ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent Date

Signature of Parent Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

**College of Lake County
Children's Learning Centers Permission Page**

- I, the undersigned, do fully understand that this is a child care service provided by the College of Lake County and that it cannot be held responsible for accidents outside the control of the service.

Date _____ Signature _____

- I authorize the college staff to undertake necessary first aid for my child. I understand that this may involve transporting my child by ambulance to the nearest hospital emergency room for treatment. Although an effort will be made to find me, in some medical situations the staff may need to contact the emergency resource before I am found. I understand that the financial responsibility for medical services rests with the parents.

Date _____ Signature _____

- * Yes _____ No _____ I give permission for teachers to use assessment tools with my child and understand that the information from the assessments will be shared with me and kept confidential. Assessment documents will only be released with my permission.

- I understand that my child will participate in on-campus walking trips with the center staff, whether pre-notified or spontaneous. I understand that children will be returned to the center for their normal pick up time.

Date _____ Signature _____

- Yes _____ No _____ I give permission to my child to participate in activities with CLC college students completing assignments for classes including but not limited to testing a child in academic areas, having a child do a drawing, interviewing a child and talking with a child. These activities are always done in the classroom with the CLC Child Care Staff present and with children who volunteer their participation.

Date _____ Signature _____

- * Yes _____ No _____ I give permission for my child to be photographed for CLC publicity purposes.

Date _____ Signature _____

- Yes _____ No _____ I give permission for the CLC Child Care Staff to apply the sunscreen and/or insect repellent that I have provided and labeled with my child's name.

Date _____ Signature _____



<p style="text-align: center;">College of Lake County Children's Learning Centers Enrollment Interview</p>
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Child's Name: _____ Nick Name: _____

1. Has your child ever attended a preschool or child care center?

2. Do you think your child will have difficulty separating from you?

3. Does the enrolled child have siblings? If so, what are their names?

4. Do you have any concerns about your child's behavior or development?

5. Does your child have any health concerns or allergies that we should be aware of?

6. Does your child need adult assistance with toileting? What words does your child use to indicate the need to use the washroom?

7. Please share a few goals you have for your child while attending the center?

8. Are you interested in volunteering in your child's classroom?

9. Are there any holidays you do not want your child to participate in due to family beliefs?

10. Does your child have any dietary restrictions?

11. Is there anything else about your child or family that you would like to share with us?

College of Lake County Children's Learning Centers Parent Handbook Checklist:
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- () Philosophy
- () Curriculum
- () Family Involvement
- () Assessment
- () Fee Agreement
- () Admission Policy
 - ◆ Hand washing upon arrival
- () Children's Safety and Health Procedures
 - ◆ Drop -off procedures
 - ◆ Ill child policy
- () Records
 - ◆ Current medical form
 - ◆ Parent's schedule
 - ◆ Emergency contacts
 - ◆ Birth Certificate
- () Attendance Policies
 - ◆ Extra hours charges and Late Fees
- () Cancellation Policy
- () Nutrition Policy
 - ◆ Meals and Snacks
- () Pesticide Policy
- () Naptime
 - ◆ Blankets, pillows, and stuffed animals

I _____, have been given the College of Lake County Children's Learning Centers Parent Handbook and agree to abide by the rules and regulations, and to ensure that my child conforms to the rules and directions of the staff. I further understand and agree that should my child or I fail to abide by the rules of the center it may jeopardize my family's enrollment status at the College of Lake County Children's Learning Center.

College of Lake County Children's Learning Centers Fee Agreement

I hereby schedule my child (ren) _____ for the _____ semester according to the following schedule:

Monday	Tuesday	Wednesday	Thursday	Friday

I understand that I must give a one week written notice to withdraw or change my schedule and will only owe the portion of the charges related to the time up to my notice *plus one week*. I understand that the registration fee is non-refundable. I further understand that any schedule changes are subject to space availability at the time of the change.

I agree that all fees will be paid as designated below. Please circle the option to be used:

1. If I enroll or have enrolled in the FACTS payment plan, my child care balance will be automatically included in my FACTS installment payment plan.
2. I will participate in the installment plan as set forth by Children's Learning Centers as designated below.
3. I may use third party funding such as financial aid and the YWCA. I understand that until the Director of Children's Learning Centers receives written approval of my funding, my child care balance will remain on my student account.

I authorize the College of Lake County to pay my childcare charges with any grants, and /or Federal Student Loans I may receive.

Signature: _____ **Date:** _____

Refund (if any) of the child care tuition payments are processed according to the Children's Learning Centers Cancellation Policy in effect on the date below. Failure to honor the agreement below will result in non-participation in the program.

I agree to pay \$ _____ per _____ for _____ hours/ days per week for _____ weeks. Total tuition for services: _____.

I agree to pay \$ _____ per lunch for _____ lunches per week. Total Lunch charges \$ _____.

I agree to pay a registration fee of \$ _____.

Total charges: \$ _____.

Installment Dates:

\$ _____ due by _____
(Installment one)

\$ _____ due by _____
(Installment two)

\$ _____ due by _____
(Installment three)

\$ _____ due by _____
(Installment four)

Signature: _____ **Date:** _____



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