

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

Child's Name: _____ Birth Date: _____ Age: _____
 Parent's Name: _____ CLC ID#: _____
 Home Phone: _____ Work Phone: _____ Other: _____
 E- Mail : _____

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 and CPR 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 _____



College of Lake County Children's Learning Center Fee Agreement

I hereby schedule my child (ren) _____ for the _____ semester following the scheduled hours below:

Monday	Tuesday	Wednesday	Thursday	Friday

I understand that I may give written notice to cancel child care services or change my schedule, and I will owe a prorated portion of the fees up to the date of the notification plus one week. I understand that the \$20.00 registration fee is nonrefundable and is charged each semester. I further understand that any schedule changes are subject to 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 automatically be included in my FACTS installment payment plan.
2. I would like to enroll in the child care center installment plan where I will make payments as designated below.
3. I may use third party funding such as financial aid and the YWCA. I understand that until the child care supervisor receives written approval of my funding, my child care balance will remain on my account and I am responsible for making payments until the approval is received.

Circle one of the options below concerning federal aid, loans, and grants:

1. I authorize the College of Lake County to pay my child care charges with any grants, and/or Federal student assistance I may receive.
2. I do not authorize payment of my child care charges from any grants, and/ or federal loans, or assistance I may receive.

Signature: _____ **Date:** _____

Refund (if any) of child care tuition payments are processed according to the Child care center cancellation policy in effect on the dates listed below. Failure to honor the fee agreement below will result in immediate disenrollment from the program.

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

I agree to pay \$ _____ per lunch for _____ lunches per week for _____ weeks. Total Charges: \$ _____.

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

Total Charges \$ _____

Installment due dates:

\$ _____ due by _____ (installment one)

\$ _____ due by _____ (installment two)

\$ _____ due by _____ (installment three)

\$ _____ due by _____ (installment four)

Signature: _____ **Date:** _____



Accredited by the National Association for the Education of Young Children

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I hereby schedule my child (ren) _____ for the _____ semester following the scheduled hours below:

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4. If I enroll or have enrolled in the FACTS payment plan, my child care balance will automatically be included in my FACTS installment payment plan.
5. I would like to enroll in the child care center installment plan where I will make payments as designated below.
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