Child’s Name: _______________________________________ Birth Date: _______________ Age: _____

Parent’s Name: _______________________________________ CLC ID#: _________________________

Home Phone: _____________________ Work Phone: _____________ Other: ____________________

E- Mail : ____________________________________________________________________________

Parent’s Work/School Schedule:

<table>
<thead>
<tr>
<th>Class</th>
<th>Days</th>
<th>Time (from/to)</th>
<th>Instructor</th>
<th>Room</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CFS 581 State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, __________________________________________________________; hereby certify that I/we have 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__________________________________

Accredited by the National Association for the Education of Young Children
College of Lake County Children's Learning Center Fee Agreement

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

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>

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
College of Lake County Children’s Learning Center Fee Agreement

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

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>

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.

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.

6. 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:

3. I authorize the College of Lake County to pay my child care charges with any grants, and/or Federal student assistance I may receive.

4. 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