



## Children's Learning Center Preschool for All Enrollment Application

Date: \_\_\_\_\_

### Child's Information:

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

BOY/GIRL: \_\_\_\_\_ AGE: \_\_\_\_\_

Does your child have any allergies? YES/NO  
Describe: \_\_\_\_\_

Does your child 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: \_\_\_\_\_

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 \_\_\_\_\_

Are you a College of Lake County student? YES NO CLC ID# \_\_\_\_\_





## Children's Learning Center Preschool for All 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 \_\_\_\_\_



## Children's Learning Center Preschool for All Enrollment Interview

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



**Children's Learning Center Preschool for All Parent Handbook Checklist:**

- ( ) 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.