

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

Semester: _____ Year: _____

Please check one: Student/Alumni _____ Staff _____ Community _____

Please check all that apply to you:

On Campus classes or working on campus: _____

Remote classes or Remote work: _____

Essential Community Worker please name: _____

Schedule

Monday	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 ID# _____ Are you a single parent? YES/NO

Racial /Ethnic Description _____

Are you receiving assistance for child care? Check all that apply.

YWCA _____ Financial Aid/Grants _____ Other _____

**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 _____

<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
 - ◆ Sign in and taking child into the classroom

- () Children's Safety and Health Procedures
 - ◆ Drop –off procedures
 - ◆ Ill child policy
 - ◆ Toys and items from home

- () Children's Discipline Policy
- () Children's Suspension and Expulsion Policy

- () Records
 - ◆ Current medical form
 - ◆ Parent's schedule
 - ◆ Emergency contacts
 - ◆ Birth Certificate

- () Attendance Policies
 - ◆ Call in when child will not attend
 - ◆ Additional hour 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 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 for the semester \$ _____

Installment due dates:

\$ _____ due by _____ (installment one)

\$ _____ due by _____ (installment two)

\$ _____ due by _____ (installment three)

\$ _____ due by _____ (installment four)

Signature: _____ **Date:** _____