Teaching Learning Center/Campus Kids Child Enrollment Form

Child's Name*	Date of Birth	Date of Enrollment	
Address	City	State	Zip Code
Parent #1 Name*	Parent #1 Home Phone	Parent #1 Cell Phone	
☐ Same as Child's Parent #1 Address	City	State	Zip Code
Parent #1 Email Address	Parent #1 Work/School Name	Parent #1 Work/School Phone	
☐ N/A Parent #2 Name*	Parent #2 Home Phone	Parent #2 Cell Phone	
☐ Same as Child's Parent #2 Address	City	State	Zip Code
Parent #2 Email Address	Parent #2 Work/School Name	Parent #2 Work/School Phone	

Emergency Contacts and Authorized Pickup

Emergency Contact #1 (not parent/guardian)*		☐ N/A Optional Emergency Contact #2 (not parent/guardian)*	
Relationship to child	Phone Number	Relationship to child	Phone Number
Child may be released to Emergency contact #1 ☐ Yes ☐ No	Extra Phone/Email for Emergency contact #1:	Child may be released to Emergency contact #2 ☐ Yes ☐ No	Extra Phone/Email for Emergency contact #2:
Additional Authorized pickup Name	Relationship to Child	Additional Authorized pickup Name	Relationship to Child

Do **NOT** release to:

Emergency Transportation Authorization*

☑ **The program has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation services will determine the facility to which my child will be transported.

The TLC/CK program will refuse enrollment of any child whose parents/caregivers do not give permission to the program, to transport their child in the event of an illness or injury, which requires emergency treatment.

Cot Permission: Child Under 18 months of age	☐ N/A- My child is over 18 months of age

☐ My child is under 18 months, and I grant my permission for my child to sleep on a cot provided by the TLC during rest time. Cots are individually assigned, and I am responsible for providing clean linens on the first day of the week or as needed to be used by my child.

Child's Name	Date of Birth

Individual Child Needs/Services*

Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical food, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication?

- ☐ Yes (complete a Health Care Plan or provide documentation from a licensed physician or an electronic equivalent)
- ☐ No

Information on my child's development: personal, behavior, patterns, habits, and individual needs, etc.

- ☐ N/A

The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program:

- ☐ N/A

My child will receive specialized/individual services while at the program:

- ☐ Yes, see below
- ☐ No

Name of service provider(s) and frequency

- ☐ N/A

Service Provider/Agency _____ Frequency _____

- ☐ I grant my permission for the TLC/CK staff to exchange information and participate in meetings/discussions regarding my child.
- ☐ I grant my permission for the above-named agency to provide services to my child while at the program.

Individuals authorized to provide services:

_____ _____

Parent Acknowledgement of accuracy and receipt of the policies and procedures*

By signing this form, I attest that the information is accurate and that I have reviewed and can obtain a copy of the program's policies and procedures (parent handbook). This can be found on the Lakeland Community College TLC website.
This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.

Parent/Guardian Signature	Date

Program Administrator Acknowledgement of Completion*

By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.

Program Administrator/Designee Signature	Date

Annual Review

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

* Indicates required DCY 01234 information- do not remove from form