

CHILD CARE REGISTRATION FORM

Lane Community College Community Center for Family Counseling

Parents: Complete this form for each child enrolled in child care at LCC's Saturday Circus (Community Center for Family Counseling). This information will help us create a more pleasant and satisfying experience for your child.

Child's (first and last) name _____ Age _____ Date of Birth _____

Child participates in (please check): day-care ___ preschool ___ public/private school ___ home school ___

Is your child toilet trained? Yes ___ No ___ In process ___

Parent's (first and last) name _____ Phone _____

Parent attends as a (please check): Community parent ___ LCC student ___ UO student ___

Name and ages of child's siblings _____

Address _____ City _____ State _____ Zip _____

What kinds of activities does your child enjoy at home?

What strengths do you see in your child?

What, if any, difficulties do your child experience at home?

What, if any, difficulties do your child experience in alternative care (e.g. childcare, etc.)

Does your child have any allergies, chronic illness, or other medical conditions?

Does s/he take medication? _____

Has your child experienced any unusual experiences that might affect our ability to be helpful?

How could your child best benefit from being in a playroom or group with other children?

What are your goals for improving your relationship with your child?

I have read and understand the attached childcare information _____

(Your signature)

Please return this completed form to your child care staff.