



LANE CHILD AND FAMILY CENTER

Registration Form

Child's Name: _____ Child is known by: _____

Date of Birth: _____ Sex: _____

Parent/Guardian: _____ L Number: _____
(Required for billing)

Physical Address: _____ City: _____ St: _____ Zip Code: _____

Mailing Address: _____ City: _____ St: _____ Zip Code: _____

Home phone: _____ Cell: _____ Text: Yes No

Email Address: _____

Student at LCC? Yes No Place of Employment: _____

Work Address: _____ Work Phone: _____

Please tell us how you learned about our program. _____

Has your child been in child care previously? Yes No

Does your child wear diapers during the day? Yes No

OtherParent/Guardian: _____

Email Address: _____

Physical Address: _____ City: _____ St: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Text: Yes No

Student at LCC? Yes No Place of Employment: _____

Work Address: _____ Work Phone: _____

ARE THERE RESTRAINING ORDERS PERTAINING TO THIS CHILD Yes No

If so; please provide copies of current documents.

ANY CHANGES MADE TO THIS FORM MUST BE COMPLETED WITH OFFICE STAFF

Your child will only be released to persons listed on this form.

If you cannot be reached in the 30 minute required pick-up time,

Or in case of emergency, who else may we contact?

DO NOT INCLUDE PARENT/GUARDIAN LISTED ON PAGE #1

Name: _____ Phone: _____ Relationship: _____

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HEALTH INSURANCE INFORMATION

Name of Insured: _____ Policy Carrier: _____

Policy #: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Name of Child's Doctor: _____ Phone: _____

Address: _____

Hospital Preference: _____

(Required information)

EMERGENCY CONTACT INFORMATION

As a parent or legal guardian of: _____

(Child's name)

(Birth date)

I hereby authorize Lane Community College; Lane Child and Family Center, 4000 E. 30th Avenue, Eugene, Oregon 97405, telephone 541-463-5517, to consent to any medical or surgical treatment of the above named child which medical personnel deems advisable, if a parent or legal guardian cannot be reasonably located when the child is brought for treatment. In an emergency, Lane Child and Family Center reserves the right to call an ambulance and any available physician at the parent's expense.

Is your child up to date on their immunizations? **Yes** **No**

Chronic Illness, Allergies, Medications or Other Health Concerns? **Yes** **No**

If yes, explain: _____

Does your Child have any Food restrictions? **Yes** **No**

If yes, explain: _____

If yes to either questions, you will need to fill out additional documents.

Parent Signature: _____ Date: _____

Lane Community College

Lane Child and Family Center Agreement

As a parent of the Lane Child and Family Center you are responsible for all child care fees as outlined in the Lane Community College CreditLine (myLane) Plan and Account Agreement. Regardless of which outside agencies may be providing financial assistance to a particular family, parents are ultimately responsible for payment of childcare services provided.

Please **initial** each space below:

___ I understand I am responsible for paying a **\$75 Non-refundable deposit** per year (*June to June*) to enroll my child at the Lane Community College; Lane Child and Family Center. I understand this fee will be billed to my myLane account at the time of enrollment. If I choose to enroll my child at another childcare facility, I will forfeit the \$75.

___ If I choose to **withdraw** my child from care at any point during the school year, I need to give **2 weeks written notice** to the childcare office. If I fail to give **2 weeks written notice**, I will be **billed for 2 additional weeks of care**.

___ I understand that Pick-up times are as follows:

- Half-Day Morning schedule pick up at 12:00 noon or before
- Preschool Promise schedule pick up at 2:45 pm or before
- Closing schedules pick up at 5:30 pm or before

___ I understand that picking up my child any time after their scheduled pick up time will be considered late and will result in a late fee charged to my myLane account. **The late fee is \$25 if I am less than 10 minutes late and \$1 per minute after. The second occurrence will be \$2 per minute after 10 minutes late.** I understand if there are repeated late pick-ups or if I am more than 15 minutes late to pick up, I may be required to meet with the Lane Child and Family Center Coordinator before my child may return to class.

___ I have completed Parent Orientation Power Point Presentation (lanecc.edu/cfe/lcfc) prior to my child's attendance in Lane Child and Family Center.

___ I have read, understand and agree to accept and adhere to the responsibilities listed in the Lane Child and Family Center Family Guide (lanecc.edu/cfe/lcfc). I understand it is my responsibility to know the contents of the Family Guide.

___ I have completed the Ages and Stages Questionnaire and provided copies to Lane Child and Family Center. (Available online at www.asqoregon.com).

___ I have been given/offered a copy of the facility current license certificate.

___ I give permission for my child to participate in campus walks with their classroom.

Your child's photo may be used in classroom displays.

Do you give permission to Lane Child and Family Center to photograph your child or voice record for news or publicity purposes (*including our website and Facebook page*)? **Yes** **No**

Lane Child and Family Center staff will administer medication to children as prescribed by their doctor. Prescription medication must be in the original bottle, have the child's name, dosage, and a current date on it. Instructions for administration must be given on a daily basis on a form available from a staff member. Do you give permission for Lane Child and Family Center staff to give prescribed medication as described above? **Yes** **No**

Child's Name: _____

Parent Signature: _____ Date: _____

For center use only:

Start date: _____

End date: _____

Reason for leaving: _____

Parent signature: _____