



# 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: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student at LCC ☐ Yes ☐ No Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**ARE THERE CUSTODY/RESTRAINING ORDERS PERTAINING TO THIS CHILD** ☐ Yes ☐ No  
If so; please provide copies of current documents.

Please tell us how you learned about our program. \_\_\_\_\_

Has your child been in child care previously? ☐ Yes ☐ No

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Other Parent/Guardian: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Text: \_\_\_\_\_

Student at LCC ☐ Yes ☐ No Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

**Your child will only be released to persons you list 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: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Please list 2 additional people whom you authorize to pick up your child:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**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:** \_\_\_\_\_*(Name)**(Birth date)*

*I hereby authorize Lane Community College; Lane Child and Family Center, 4000 E. 30<sup>th</sup> 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: \_\_\_\_\_

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 child care services provided.

**Non-refundable Deposit** - 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 I will pay **\$20 at the time of enrollment** with the **remaining \$55 billed to my MyLane account** (on my first billing of the school year). If I choose to enroll my child in another child care facility, I will forfeit the \$20 and will be billed the additional \$55 on MyLane.

**Withdrawing my child from care** - 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 child care office. If I fail to give 2 weeks written notice I will be billed for 2 additional weeks of care.

**Please initial each space below:**

☐ I have completed Parent Orientation Power Point Presentation (<http://www.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 Handbook (<http://www.lanecc.edu/cfe/lcfc>). I understand it is my responsibility to know the contents of the Family Handbook. I also understand I'm enrolling my child in the Lane Child and Family Center for the **June - June school year**.

☐ I have complete Ages and Stages Questionnaire and provide copies to Lane Child and Family Center available online at [www.asqoregon.com](http://www.asqoregon.com).

Do you give permission to Lane Child and Family Center to photograph your child; or voice record for news or publicity purposes? ☐ **Yes** ☐ **No** ☐ **Class Room Only**

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: \_\_\_\_\_