

CLC Admission Form

2023-2024

Class _____ Days _____ Ex-C _____
_____ Pro-Care _____ Copies _____

Name (Last)	(First)	(Goes By)	Birth Date	Male/Female
Address		City	Zip	
Home #	4 digit code			
Mother	Work #	Cell #		
Mother's Address (If different)		(M) Email		
Father	Work #	Cell #		
Father's Address (If different)		(F) Email		
All Saints Lutheran Church member? Yes/No Church Affiliation: _____				

EMERGENCY CONTACT (if parents cannot be reached)

Name: _____ Phone: _____
 Address: _____

I authorize CLC to allow my child to leave the Center with the following persons (list name/phone):

1. Name: _____ Phone: _____
 2. Name: _____ Phone: _____
 3. Name: _____ Phone: _____

CLC may include **photos (no names)** of my child on the CLC website.....yes ___ no ___
 CLC may include **photos** of my child (**no names**) on the CLC **Closed** Group Facebook page.....yes ___ no ___
 CLC may include **photos** of my child (**no names**) on the CLC Instagram account.....yes ___ no ___
 CLC may include my child's **first name** and/or photo in the CLC newsletter.....yes ___ no ___
 My child may be supervised by CLC staff on field trips.....yes ___ no ___
 My child may participate in water activities (sprinkler play, wading pool, and water table).....yes ___ no ___
 My child has **food** allergies/sensitivities.....yes ___ no ___
(if yes, you will need to complete Form FAP and attach)
 My child has **medical information** necessary for CLC to know (i.e. allergies, existing illness, previous serious illness and injuries, hospitalizations within the last 12 months) (if yes, please explain).....yes ___ no ___
 My child requires **medication** for continuous, long term use (if yes, please explain).....yes ___ no ___

All of the information I provided on this form is correct, to the best of my knowledge. If any of this information changes, *I am responsible for providing the school with the correct information as soon as possible.*

I am aware that CLC **DOES NOT** provide any meals or snacks. CLC is not responsible for meeting the child's daily food needs or for the nutritional value of any snacks or meals sent from home.

X _____
 Parent/Guardian Signature Date

I have received a copy of the Parent Handbook; I have read and understand the policies therein and agree to abide by them.

X _____
 Parent Signature Date