

# CLC Admission Form

# 2022-2023

Class \_\_\_\_\_ Days \_\_\_\_\_ ExC \_\_\_\_\_

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:**

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

CLC may include <b>photos (no names)</b> of my child on the CLC website.....	yes ___ no ___
CLC may include <b>photos</b> of my child ( <b>no names</b> ) on the CLC <b>Closed</b> Group Facebook page.....	yes ___ no ___
CLC may include <b>photos</b> of my child ( <b>no names</b> ) on the CLC Instagram account.....	yes ___ no ___
CLC may include my child's <b>first name</b> 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 <b>food</b> allergies/sensitivities..... <i>(if yes, you will need to complete Form FAP and attach )</i>	yes ___ no ___
My child has <b>medical information</b> 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 <b>medication</b> 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

**Emergency Medical Authorization** : PLEASE **circle** your choice of emergency medical facility below:

Arlington Memorial	Medical Center of Arlington	Cook Children's FW	Methodist Mansfield Medical Center
--------------------	-----------------------------	--------------------	------------------------------------

Physician \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_

I give consent to and authorize CLC and its representatives to secure **any and all** necessary emergency medical treatment for my child, including transportation to the above circled facility.

**X** \_\_\_\_\_  
 Parent or 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