



# LINCOLN COMMUNITY LEARNING CENTERS

## Lakeview Elementary School Student Enrollment/Information Form

### STUDENT INFORMATION

#### CHILD'S FIRST AND LAST NAME:

Male  Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade (circle one) K 1 2 3 4 5

Student ID: \_\_\_\_\_

My child is new to this school

#### ETHNICITY: (mark all that apply)

- Native American  Hispanic/Latino American
- Asian American  Hawaiian/Pacific Islander American
- African American  Middle Eastern American
- Euro American  Multi/Bi Ethnicity American
- Other \_\_\_\_\_

#### OTHER QUESTIONS

- My child:
- qualifies for free or reduced lunch
  - is an English Language Learner  
Native Language \_\_\_\_\_
  - receives special education services during school hours

**MEDICAL INFORMATION/SPECIAL REQUESTS (IMPORTANT & REQUIRED):** List any medical conditions, allergies to food/medications, special diets or any conditions that may affect your child's health while in the program, include any medications your child is taking or please indicate N/A if not applicable:

\_\_\_\_\_  
\_\_\_\_\_

**Program Enrolling:**

**Before School Care Only (6:30 am-8:40 am)**

Base fee  Reduced Lunch fee  
\$126.00 \$89.00

I have Title Twenty Authorization

**After School Care Only (3:38 pm-6:00 pm)**

Base fee  Reduced Lunch fee  
\$154.00 \$110.00

I have Title Twenty Authorization

**Before and After School Care**

Base fee  Reduce Lunch fee  
\$184.00 \$132.00

I have Title Twenty Authorization

**Club Participants Only (No Charge)**

Picked up by authorized escort  
 Go to the after school program  
 Walk home  
 Ride late bus

### FAMILY INFORMATION

PARENTAL STATUS:  Single  Married  Widowed  Divorced  Separated  Re-married

CUSTODIAL & LEGAL GUARDIAN IS:  Both Mother & Father  Mother  Father  Other: \_\_\_\_\_

#### MOTHER/LEGAL GUARDIAN INFORMATION:

First & Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

#### FATHER/LEGAL GUARDIAN INFORMATION:

First & Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Over for more required information →

**EMERGENCY CONTACTS AND INFORMATION**

Emergency contacts in case of emergency and parent/guardian cannot be reached.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

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

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

**AUTHORIZED ESCORTS OTHER THAN PARENT/GUARDIAN OR EMERGENCY CONTACTS:**

(N/A IF NOT APPLICABLE)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**PARENT/GUARDIAN PARTICIPATION QUESTIONS**

**YOUR PARTICIPATION IS VALUED!**

We are committed to providing a safe and stimulating environment for your child. Our programs depend upon the talents and resources from many in our community. Please check which of the following contributions you may be able to make.

- I would volunteer to assist with the daily program activities.
- I would like to share my hobbies, interests and talents.
- I would assist with food/snacks.
- I would assist with recruitment of volunteers.
- I would like to give a financial donation to support the CLC to assist low-income families' program fees.
- My employer and/or company may be able to help financially or with donations.
- I would like to participate on the School Neighborhood Advisory Committee.

**PERMISSION FORM**

- YES     NO    I give staff permission to use photographs, writings, artwork, TV appearances, etc. for the promotional materials, presentations and documentary purposes.
- YES     NO    I have determined that the Willard Community Staff is competent to give or apply medication to my children.
- YES     NO    I give staff permission to transport my child for the purpose of program activities.
- YES     NO    I give permission to the staff to contact Lakeview Elementary School for my child's immunization records and give the school permission to give out that information.
- YES     NO    I have received the program handbook.
- YES     NO    I have read and received the Parent Information Brochure for Licensed Child Care provided by DHHS.
- YES     NO    I give my permission for CLC staff to share and receive necessary information from all CLC partners to assist with providing the best program experience for my child including free/reduced lunch program status.
- YES     NO    I give permission for the CLC lead agency to apply sunscreen and/or arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time then I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

**CHILD'S PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

By signing below I give permission for my child to participate in program activities. I understand that the CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

\_\_\_\_\_  
SIGNATURE OF PARENT AND/OR GUARDIAN

\_\_\_\_\_  
DATE