

CLC Admission Form

2019-2020

Name (Last)	(First)	Birth Date	Male/Female
Address		City	Zip
Home #	4 digit code	Email	
Mother	Work #	Cell #	
Mother's Address (If different)			
Father	Work #	Cell #	
Father's Address (If different)			
ASL Church member? Yes/No Church Affiliation ?		<u>EMERGENCY CONTACT</u> <u>if parents cannot be reached:</u>	
I authorize CLC to allow my child to leave the Center with the following persons (list name/phone): _____			
My child may participate in Interactive Educational Programming (i.e. Skype).....yes___ no___ CLC may include photos of my child (no names) on the CLC Closed Group Facebook page.....yes___ no___ CLC may include my child's first name and/or photograph in the CLC newsletter.....yes___ no___ My child may be transported and 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, please 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>I am responsible for providing the school with the correct information as soon as possible.</i> 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
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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