



Begin a lifetime of learning with
LARAMIE COUNTY COMMUNITY COLLEGE
Children's Discovery
Center

ACADEMIC LAB SCHOOL
1400 E. College Dr. * Cheyenne, WY 82007
307.778.1303



Application for Admission

Child's Information		
Child's Name:		Nick Name
Today's Date:	Desired Start Date:	Child's Birth Date:
Address:		City/State/Zip:
Previous Child Care/Head Start? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Where:	Gender:

Options
<input type="checkbox"/> Full-Time Monday- Friday (6:30 A.M- 5:30 P.M)
<input type="checkbox"/> Part-Time For Part Time, Please Complete the following: <input type="checkbox"/> Full Day (6:30 AM - 5:30 PM) <input type="checkbox"/> Half Day <input type="checkbox"/> Mornings (8:00-12:00) <input type="checkbox"/> Afternoons (1:00-5:00) Days of the Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
<input type="checkbox"/> S.T.E.P. (Summer Time Education and Play) School-Age Program for children in grades K-6th

Parent is:	<input type="checkbox"/> LCCC Staff	<input type="checkbox"/> LCCC Student	<input type="checkbox"/> Community Member
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Enrollment Fee & Refundable Deposit
<p>Additional Fees for Enrolling your child at the LCCC Children's Discovery Center:</p> <ul style="list-style-type: none">• Enrollment Fee of \$25 to be collected when your child is enrolled at the LCCC Children's Discovery Center.• Refundable Deposit equal to one month of tuition, to be collected at enrollment. This deposit can be used to pay the last month of tuition for your child at the LCCC Children's Discovery Center, or it will be refunded to you.

Parent/Guardian Information

Name:	Home Phone Number:
Physical Address: Same as child <input type="checkbox"/>	City/State/Zip:
Mailing Address: Same as physical address <input type="checkbox"/>	City/State/Zip:
Date of Birth:	Social Security Number:
Employer and/or School:	Occupation:
Work Address:	Work Number:
Email:	Cell Phone:

Parent/Guardian Information

Name:	Home Phone Number:
Physical Address: Same as child <input type="checkbox"/>	City/State/Zip:
Mailing Address: Same as physical address <input type="checkbox"/>	City/State/Zip:
Date of Birth:	Social Security Number:
Employer and/or School:	Occupation:
Work Address:	Work Number:
Email:	Cell Phone:

Siblings

Names:	Birthdates:

Other's Authorized To Pick Your Child Up From The Center

Other than the above parents/guardians, list any person(s) you approve to remove your child from LCCC Children's Discovery Center without previous notice. Photo I.D. will be required. Anyone not on this list will not be permitted to pick up your child from the center. Please check whether you want the people listed below as authorized to pick up and/or to be contacted in the event of an emergency.

Name(s):	Phone Number(s):	Relationship to Child:	Pick up	Emergency

Medical Information

Family Doctor/Pediatrician:

Phone:

Dentist:

Phone:

Any frequent illnesses (i.e. ear infections, strep throat, seizures) and/or hospitalizations?

List any known allergies:

List communicable diseases (i.e. chicken pox, measles, mumps, etc.) that your child has had:

Is your child currently taking medications? ☐ Yes ☐ No

Medications / Dose / Times:

Are there any special medical concerns that we should know about?

Therapeutic Services

Check any services your child is receives in:

☐ Occupational Therapy

☐ Speech Therapy

☐ Physical Therapy

☐ Behavioral Therapy

☐ Psychological or Counseling Services



Communication Concerns (check all that apply)

☐ Wears glasses

☐ Lip reads

☐ Wears hearing aids

☐ Uses light board or other adaptive devices:

☐ Uses sign language or hand signals

☐ Speaks another language in the home.

Please specify:

Your Child's Needs

Is there anything we should know to aid us in meeting your child's needs, or just anything you would like us to know about your child?

Authorization of Medical Treatment

I, _____, hereby give permission to LCCC Children's Discovery Center to obtain emergency medical, dental or surgical care from a health-care facility, physician or dentist for my child, whose full name is _____ and whose date of birth is _____, should the need arise. It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible, treatment as deemed necessary by the physician or dentist may be taken. I further consent to transportation of the above named child to the nearest medical care facility.

The above named child is covered by the following medical insurance company.

Company Name:

Company Address:

Company Phone Number:

Name of Policy Holder:

Policy Number:

If a sudden illness or serious medical emergency should occur and I cannot be reached, my signature below authorizes the LCCC Children's Discovery Center staff to call my child's physician or dentist, or to take my child to the nearest emergency medical facility.

I authorize the hospital and attending physicians to submit claims to the above named company and hereby assign benefits directly to this company. I understand that I am financially responsible to the providers of

Signature of Parent/Guardian:

Date:

Signature of Parent/Guardian:

Date:

Permissions

Child's Name:

Activity Permission

Consent is being given for the items below (Please initial in the space preceding each event your child is authorized to attend):

_____ Walking trips around the LCCC Campus.
_____ Going to the gym in the PE Building when we cannot go outside due to weather.

- In the event of an emergency on campus, all children will be transported to an off-site location and parents will be contacted.
- Separate permission will be requested for all off campus field trips.
- Children will be restrained during vehicular transportation by the use of seatbelts.

Signature of Parent/Guardian:

Date:

Sunscreen Permission

I understand that I am responsible for bringing sunscreen for my child to the Children's Discovery Center. I understand that applying sunscreen is a part of the LCCC Children's Discovery Center's program. I give LCCC Children's Discovery Center permission to apply sunscreen when taking my child outside.

Signature of Parent/Guardian:

Date:

Photograph Permission

Photographs of the children participating in our programs may be taken from time to time and may appear in newspapers, magazines, brochures, and other LCCC publicity materials. These photos help to bring awareness to our program and will aid us in making the program more effective. Names of children photographed will never be printed. Please initial your preferences, and sign below.

_____ I request that my child's photographs only be used in the classroom.
_____ I am ok with LCCC staff taking my child's photograph.

The ProCare app allows us to send photos of the children in the center to families. In the course of pictures being taken, there are times that a photo is taken with a group of children. (There is no way to prevent a parent that receives the photo from downloading the photo.)

_____ I give permission for my child's photo in a group setting to be sent to the families of the other children in the photo.
_____ I request that my child's photo not be sent to other families.

Signature of Parent/Guardian:

Date:

Acknowledgment

By signing below, I hereby acknowledge that the information provided on this Application for Admission is true to the best of my knowledge.

Signature of Parent/Guardian:

Date: