

The Learning Center Admission Information

Facility Name The Learning Center		Director's Name Emmy Khan	
Child's Name		Date of Birth	Child's Home Telephone No.
Address		City	Zip Code
Date of (Re-) Admission Aug 6, 2025	Ethnic Origin	Hours and days child will be in care	
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY:

1. **TRANSPORTATION:** I hereby give, do not give – consent for my child to be transported and supervised by the operation's employees:
 Check box for emergency care on field trips to and from home to and from school

2. **FIELD TRIPS:** I hereby give, do not give – my consent for my child to participate in Field Trips:
Parent's Comments:

3. **WATER ACTIVITIES:** I hereby give, do not give – my consent for my child to participate in Water Activities:
 sprinkler play splashing/wading pools swimming pools water table play

4. I acknowledge receipt of Parent Handbook (On Website) **Signature of Parent/ Guardian** _____

5. **Photographs:** I hereby give, do not give- my consent for my child's photograph to be used in the classroom, in publications, newspapers, television, The Learning Center's website, or other visual media as related to The Learning Center.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child. _____
Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: **(write NONE if there are no concerns to be noted, PLEASE INITIAL)**

SCHOOL AGE CHILDREN:

My child attends the following school:

_____ Name of School and Address _____ School Ph.# _____

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to
 ride the TLC bus and/or
 be released to the care of his/her sibling(s) under 18 years old.
 Name of sibling(s) _____

Parent Signature - _____

Date - _____