

# CHILD CARE REGISTRATION FORM

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*Lane Community College Community Center for Family Counseling*

***Parents: Complete this form for each child enrolled in child care at LCC's Saturday Circus (Community Center for Family Counseling). This information will help us create a more pleasant and satisfying experience for your child.***

Child's (first and last) name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child participates in (please check): day-care \_\_\_ preschool \_\_\_ public/private school \_\_\_ home school \_\_\_

Is your child toilet trained? Yes \_\_\_ No \_\_\_ In process \_\_\_

Parent's (first and last) name \_\_\_\_\_ Phone \_\_\_\_\_

Parent attends as a (please check): Community parent \_\_\_ LCC student \_\_\_ UO student \_\_\_

Name and ages of child's siblings \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What kinds of activities does your child enjoy at home?

What strengths do you see in your child?

What, if any, difficulties does your child experience at home?

What, if any, difficulties does your child experience in alternative care (e.g. childcare, etc.)

Does your child have any allergies, chronic illness, or other medical conditions?

Does s/he take medication? \_\_\_\_\_

Has your child experienced any unusual experiences that might affect our ability to be helpful?

How could your child best benefit from being in a playroom or group with other children?

What are your goals for improving your relationship with your child?

I have read and understand the attached childcare information \_\_\_\_\_

(Your signature)

***Please return this completed form to your child care staff.***