

Office use only

Date:

Deposit Paid:

LANE COMMUNITY COLLEGE
CHILD AND FAMILY CENTER
4000 E. 30th Avenue
Eugene, OR 97405
(541) 463-5519

Registration Form

Child's Name: _____ **Child is known by:** _____

Date of Birth: _____ **Sex:** _____

Parent: _____ L Number (required for billing): _____

Physical Address: _____ City: _____ St _____ Zip Code: _____

Mailing Address: _____ City: _____ St _____ Zip Code: _____

Home phone: _____ Cell: _____ Text: _____

Email Address: _____

Student at LCC Yes/No Place of Employment: _____

Work Address: _____ Work Phone: _____

Parent: _____ L Number: _____

Physical Address: _____ City: _____ St _____ Zip Code: _____

Home Phone: _____ Cell: _____ Text: _____

Student at LCC Yes / No Place of Employment: _____

Work Address: _____ Work Phone: _____

ARE THERE CUSTODY ORDERS PERTAINING TO THIS CHILD? Yes / No

Your child will only be released to persons that you list on this form. ***If you can not be reached in the 30 minute required pick-up time, or in case of emergency, who else may we contact?***

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please list 2 additional people whom you authorize to pick up your child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Medical Treatment Authorization

Child's Doctor: Name: _____ Phone: _____

Address: _____

Hospital Preference: _____
(Required information)

Health Insurance Information: _____
(Name and policy number)

Chronic illness, allergies, or prescribed daily medication of the above named child: _____

(Write **NONE** if not applicable)

If your child becomes ill and is unable to attend school, what "sick child" arrangements have you made?

Date of last DtaP Immunization: _____

As a parent or legal guardian of: _____
(Name) (Birth date)

I hereby authorize Lane Community College Child and Family Center, 4000 E. 30th Avenue, Eugene, OR 97405, telephone 463-5519, to consent to any medical or surgical treatment of the above named child which medical personnel deems advisable, if a parent or legal guardian can not be reasonably located when the child is brought for treatment. In an emergency, the Child and Family Center reserves the right to call an ambulance and any available physician at the parent's expense.

Please check appropriate boxes below:

*Do you give permission to the Child and Family Center to have your child's picture taken or voice recorded for news or publicity purposes? **Yes / No***

*The Child and Family Center staff will administer medication to children that is prescribed by a doctor. Prescription medication must be in the original bottle, have the child's name, dosage, and a current date on it. Instructions for administration must be given on a daily basis on a form available from a staff member. Do you give permission for the Child and Family Center staff to give prescribed medication as described above? **Yes / No***

How did you hear about the Lane Child & Family Center? _____

Signature _____ Date _____