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 Start Date:	Today's Date:
Child's Name:	Nickname:
Address:	City/State/ZIP:
Date of Birth:	Sex: ☐ Male ☐ Female
Previous preschool/child care/Head Start: ☐ yes ☐ no	If yes, where:

Options

☐ Full –Time (Monday-Friday, 6:30 a.m.-5:30 p.m.)

☐ Part –Time — For part-time, please complete the following:

☐ Hourly
☐ Half–Day
☐ Full–Day

Monday	Time in: _____	Time out: _____
Tuesday	Time in: _____	Time out: _____
Wednesday	Time in: _____	Time out: _____
Thursday	Time in: _____	Time out: _____
Friday	Time in: _____	Time out: _____

☐ S.T.E.P. (Summer Time Education & Play – School Age Program – K-6)

☐ ☐

Enrollment Fee - $25 per family (non-refundable)		
Date fee paid:	Amount:	Initials (Staff only):
Deposit (A deposit equal to one month's tuition is required to be paid at the enrollment meeting.		
Date Deposit Paid:	Method:	Initials (Staff only):

Parent is:

☐ LCCC Student ☐ LCCC Employee ☐ Community Member

Mother's Information	
Name:	Home Phone:
Physical Address: ☐ Same as child	City/State/Zip:
Mailing Address:	City/State/Zip:
Date of Birth:	Social Security Number:
Employer and/or School:	Occupation:
Work Address:	Work Phone:
Email:	Cell Phone:

Father's Information	
Name:	Home Phone:
Physical Address: ☐ Same as child	City/State/Zip:
Mailing Address:	City/State/Zip:
Date of Birth:	Social Security Number:
Employer and/or School:	Occupation:
Work Address:	Work Phone:
Email:	Cell Phone:

Siblings	
Name(s):	Birthdate(s):

Other's Authorized to Pick Your Child Up from the Center

Other than the above named parents/guardians, list any person(s) you approve to remove your child from the LCCC Children's Discovery Center without previous notice. ***Photo ID will be required.*** Anyone not on this list will not be permitted to pick your child up from the center. **These people may also be contacted in the event of an emergency.**

Name(s):	Phone Number(s):

Medical Information	
Family Doctor/Pediatrician:	Phone:
Dentist:	Phone:
List any frequent illnesses (i.e. ear infections, strep throat, seizures) and/or hospitalizations:	
List any known allergies:	
List any communicable diseases (i.e., chicken pox, measles, mumps) your child has had:	
Is your child currently taking medications? Yes No Dose: Time(s):	
Are there any special medical concerns we should know about?	

Therapeutic Services:	
Check any therapeutic services your child receives in a	
☐ Occupational Therapy	☐ Speech Therapy
☐ Physical Therapy	☐ Behavior Therapy
☐ Psychological or Counseling Services	

Communication concerns (check all that apply)	
☐ Wears glasses	☐ Lip reads
☐ Wears hearing aids	
☐ Uses light board or other adaptive device(s)	
☐ Uses sign language or hand signals	
☐ Speaks another language in the home, please specify:	

Your child's needs
Is there anything we should know about your child to help us meet his/her needs?

AUTHORIZATION OF MEDICAL TREATMENT

Please indicate the names and phones of those who can be reached in the event of an emergency.	
Mother:	Phone:
Father:	Phone:
Another Authorized Person:	Phone:
Another Authorized Person:	Phone:

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 or most

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:
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 services for charges not covered by insurance.	
Signature of Parent/Guardian:	Date:

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.	
Signature of Parent/Guardian:	Date:

ACTIVITY PERMISSION FORM

Child's Name:

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

☐ Walking trips around the LCCC campus.

☐ Gym Day at the LCCC PE Building.

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 & INSECT REPELLENT PERMISSION FORM

Child's Name:

I understand that applying sunscreen and insect repellent is a part of the LCCC Children's Discovery Center's Program. I give LCCC Children's Discovery Center permission to apply sunscreen and insect repellent when taking my

Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

PHOTOGRAPHS

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 out program and aid us in making the program more effective. Names of children photographed will never by printed.

By signing below, I give LCCC staff permission to photograph my child.

☐ I request that photographs of my child only be used in the classroom.

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:

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

Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:

The LCCC Children's Discovery Center prohibits discrimination on the basis of race, color, national origin, gender, religion, age, disability, marital status, or political beliefs.

We look forward to starting this educational journey with you and your family!