

Application Continued

Today's Date: _____

Child's Name _____

Child's Date of Birth _____

Parent/Legal Guardian Signature _____

Requested Start Date: _____

End Date: _____

Choose One:

1. Fall ____ Spring ____ Summer I (6 weeks) ____ Summer Session I (12 weeks) ____ Summer Session II (6 weeks) ____

2. Full Year /12 Months Enrollment ____ (FT Faculty/Staff and Community)

Please check all that apply:

Parent/ Guardian **currently** is: LCCC Student ____ LCCC Faculty/Staff ____ Community ____

Child will be: Scheduled Hourly/part time ____ Full Week/full time ____

Child must be scheduled a minimum of two consecutive hours per day. Scheduling is to be completed on the half hour with the exception of 7:45 am when the center opens. Stay N Play opens at 7:45 AM and closes promptly at 5:00 PM. Student Parents: Please remember to allow adequate time before and after class to drop off and pick up your child.

Please complete registration below by listing the days and times service is needed.

DAY OF THE WEEK	ARRIVAL AND DEPARTURE TIMES	STUDENT PARENTS ONLY Academic Schedule and Classroom #	Office use only
MONDAY	Time Child Will Arrive ____ Time Child Will Leave ____		
TUESDAY	Time Child Will Arrive ____ Time Child Will Leave ____		
WEDNESDAY	Time Child Will Arrive ____ Time Child Will Leave ____		
THURSDAY	Time Child Will Arrive ____ Time Child Will Leave ____		
FRIDAY	Time Child Will Arrive ____ Time Child Will Leave ____		

PARENTAL/LEGAL GUARDIAN CONSENT

Parental/Legal Guardian signature is required for each item below to indicate consent:

_____ LCCC Staff may contact child's physician.

_____ Photographing or videotaping for publication, educational purposes or public relations.

If your child requires emergency transportation, are there any special care instructions for the child (i.e. motion sickness, seizures) during transportation?

Yes ____ No ____ Explain: _____

Name of hospital of choice: _____

LCCC Students Only: Based on my financial aid application, please check my eligibility for the student discount rate, sliding fee rate and CCAMPIS Grant eligibility. Yes ____ No ____

The College will not discriminate on the basis of race, color, sex, religion, ancestry, national origin, age, disabilities, veteran status, or sexual orientation in its educational programs, activities, admissions, or employment practices as required by applicable laws and regulations. For information regarding civil rights or grievance procedures or for information regarding services, activities, and facilities that are accessible to and useable by persons with disabilities, contact the Office of Human Resources. Students may contact the Office of Disability Support Services, LCCC, 4525 Education Park Drive, Schnecksville, PA 18078-2598, 610-799-2121.

