

WCC Children's Center Semester Schedule

Date: _____ Semester: _____ Room: _____
(Office Use)

Child's Name: _____
(Last Name) (First Name)

Birth Date: _____ Male Female Age: _____
(Month/Day/Year)

Parent's Name: _____ @ _____
(Last Name) (First Name) (Student ID Number)

CELL PHONE: _____ WCC EMAIL: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:
Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:
Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:
Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:	Class: # of Weeks: Location: Time:

5:15	5:15	5:15	5:15	5:15
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CHILD: _____

Photo / Video Release

In order to use your child's picture for any reason we need your permission. Can we use his/her picture:

In the classroom? yes no

For promotional purposes, such as, the *Children's Center* brochure or the *Voice*, the college student newspaper? yes no

For classroom projects which will be shared with other families registered in the *Children's Center*. yes no

Topical Nonprescription Medication

In order to apply topical nonprescription medication on your child we need your permission:

Can we apply sunscreen you have provided? yes no

Can we apply bug spray you have provided? yes no

Can we apply diaper rash cream you have provided? yes no

Can we apply essential oils you have provided? yes no

Allergies / Food Restrictions / Medication

Does your child have any Doctor documented allergies? yes no

If yes, please explain:

Does your child have any Doctor documented food restrictions? yes no

If yes, please explain:

Does your child have any religious or personal food restrictions? yes no

If yes, please explain:

Does your child take any medication on a regular basis? yes no

If yes, please explain:

We need your permission to post this information in the classroom:

WCC Children's Center can post this information yes no

Signature of Parent or Guardian

Date

Revised 10/24/19