

# 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)

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
------	------	------	------	------

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*  yes  no

For classroom projects which will be shared with other  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

---

Date

Revised 3/14/18