LORAIN COUNTY COMMUNITY COLLEGE
CHILDREN'S LEARNING CENTER
REGISTRATION - RENEWAL

Currently Enrolled FALL 20__ SPRING 20___ SUMMER 20__

Child's Name _____
Last First Nickname

Date of Birth ____ / ____/ _____ **Age** _____ **Male or Female**
Month Day Year

Parent(s) _____ **Student Number** _____

Home Address _____
Street City State Zip Code

Home Telephone _____ **Work Telephone** _____

Cell Phone _____ **Email** _____

Name and ages of siblings: _____

_____

Please list anything that might be helpful to the staff in caring for your child (i.e. fears, dislikes)

_____

_____

PERSON(S) AUTHORIZED TO VISIT AND/OR PICK UP YOUR CHILD:

_____

_____

***Please be advised that authorized persons need to show photo identification.**
In order for a child not to be released to a non-custodial parent, we must have a copy of the court order or custody papers on file.