





## **Campus Kids Pre-registration & Parent Class Schedule Form**

Acceptance to Campus Kids is limited. Returning this form does NOT guarantee enrollment. Enrollment is granted one semester at a time, with priority given to returning students and/or siblings. This form must be completed, in its entirety, to be considered for enrollment into the Campus Kids program. This includes all clinical hours (with location information) and a copy of your class schedule.

Children must be between 3-5 years of age and potty trained. Care is only provided during actual class time. On-site classes will be given 15 minutes of travel time before and after class. Off-site clinicals will be given 30 minutes of travel time before and after scheduled hours. Repeated early (unscheduled) drop off and/or late pick-up will result in a 1-hour fee per 15 minutes and will be grounds for termination of care. Additional hours (testing, tutoring, study time) or class schedule changes must first be approved by the Director and will be considered based on availability. Additional hours are not guaranteed. We must have a current child medical and immunization record submitted prior to the second week of class. Tuition/fees will be sent to the cashier's office and applied to your Lakeland account. Children attending from 11:45am-12:30pm will require a lunch to be provided by the parent. Children attending between 12:30pm-3:00pm will have rest/naptime.

Please email questions and this completed form to Nancy Gladding at <a href="mailto:ngladding@lakelandcc.edu">ngladding@lakelandcc.edu</a>.

I have read, understand, and agree with the above policy
I have read the parent handbook that can be found on the Lakeland Community College TLC/CK website  (Parent signature)
My child is a returning Campus Kids student or sibling: (Circle one) Yes/No
Do any classes involve off-campus clinical hours? (Circle one) Yes/No
If Yes, Location of clinicals:
Contact information for clinical location:
Name of person to contact during your clinical hours:
Clinical hours individual's contact information:







## Campus Kids Parent/Student Class Schedule

Date:								
Parent/Student Name:				Child Na	Child Name:			
Lakeland ID:				Child Da	Child Date of Birth:			
Lakeland Email:				Child Ge	Child Gender:			
Semester/Year:				Field of	Field of Study:			
Anticipated (	Graduation Year:							
Parent/Student Class Schedule								
Day	Session	Start	End	Room	Class	Instructor	Credit	
(M, T, W, R, F)		time	time	Number			hours	
	16wks. 5wks.							
	8wks (1) 8wks. (2)							
	16wks. 5wks.							
	8wks (1) 8wks. (2)							
	16wks. 5wks.							
	8wks (1) 8wks. (2)							
	16wks. 5wks.							
	8wks (1) 8wks. (2)							
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	8wks (1) 8wks. (2)							
	16wks. 5wks.							
	8wks (1) 8wks. (2)							