SIGNATURE - Parent, Guardian or Legal Custodian

STATE OF WISCONSIN ss. 252.04, Wis. Stats.

Division of Public Health F-44192 (Rev. 09/08)

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within 30 school days (6 calendar weeks) of admission to the day care center. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial) Date of Pirith (Month/Day/Year) Area Code/Telephone Nur		PERSONAL DATA		PL	EASE PR	INT						
IMMUNIZATION HISTORY	EP 1						Birth (Month/Day/	Year)	Area Code/Te	elephone Number		
TEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate with the child has had chickenpox. If you do not have an immunization record for this child, contact your octoor or local price with the child has had chickenpox. If you do not have an immunization record for this child, contact your octoor or local price with the child has had chickenpox. If you do not have an immunization of the hild beginning the price of the	Ī	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)				Address (Street, Apartment number, City, State, Zip)						
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Date Signed



Little Lambs Christian Learning Center Registration Form September 1, 2014 – June 13, 2015

Child's Name	
Date of Birth	
Parent Information	
Mother's Name	
Home Phone #	Work Phone #
Address	
City	Zip Code
Father's Name	
Home Phone # (if different than above)_	
Work Phone #	_
Address (if different than above)	
City	Zip code
Family E-mail Address	
Church Affiliation	
Enrollment Information	
Days of Enrollment: M T	W R F
First Day of Attendance	
Arrival Time Departure Tim	e Preschool Only
Signed(Parent's signature)	Date
(Parent's signature)	(An-H)

Media/Photography: Consent and Release Form Little Lambs Christian Learning Center

Please complete the consent form in order to allow us to include your child's photograph in our newsletter, website or our Facebook page. Pictures taken during fieldtrips, special events, and day to day activities will be included.

If you do not want to have your child's photograph included in our publications, please do not hesitate to indicate this in the section below.

As a parent of a child at Little Lambs CLC, I agree to the following:

- I understand that my child whose name is listed below may have his/her photograph used in a center publication, such as the newsletter, website and Facebook page.
- I give permission for my child's photograph to be used in our publications, including our newsletters, website, and Facebook page.

Please print your child's full name							
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 () Yes, I confirm that I have read and understand the above, and agree to allow my child's photograph to be used in the newsletter, website or Facebook page. () No, I do not wish to have my child's photographed used. 							
Name (please print)							
Signature							
Date							