

Child's Full Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_ Program: \_\_\_\_\_

Follow Up Needed: \_\_\_\_\_

**SAFETY ALERTS:** Allergies, Custody Issues, Individual Needs, Health, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD FILE CHECKLIST:**

<p><b>SECTION 1</b></p> <p>_____ Check List</p> <p>_____ Shot record (most current on top)</p> <p>_____ Entered into Self Image Program</p> <p>_____ Copy of Emergency Card</p>	<p><b>SECTION 2</b></p> <p>_____ Enrollment Application</p> <p>_____ Permission</p> <p>_____ Change of Status</p> <p>_____ Contract for Care</p>
<p><b>SECTION 3</b></p> <p>_____ Authorization for Exchange of Info</p> <p>_____ IEP (Individual Education Plan) or IFSP</p> <p>_____ Custody Papers</p>	<p><b>SECTION 4</b></p> <p>_____ Behavioral Documents</p> <p>_____ Injury Reports</p>

\_\_\_\_\_ *Parent has met with Director and Assistant Director and toured the program*

\_\_\_\_\_ *Parent has completed Emergency Card*

\_\_\_\_\_ *Parent had received Enrollment Policy*

\_\_\_\_\_ *Parent has received tuition rates and fees*

\_\_\_\_\_ *Parent has received Disaster Preparedness Plan*

Director/Assistant Director Signature: \_\_\_\_\_

**-----FINANCE OFFICE Sign off below-----**

\_\_\_\_\_ Parent has signed Contract for Care & met w/Finance Office

\_\_\_\_\_ Parent has paid registration fee & first month tuition (or first month subsidy copay)

\_\_\_\_\_ Start Date Authorized: \_\_\_\_\_

\_\_\_\_\_  
Finance Office Signature

\_\_\_\_\_  
Date