

CHILDREN'S ENROLLMENT DATA CHECKLIST

Child's Name: _____ Date Enrolled: _____

Document	Have / Complete	Need	Comments
CHILD ENROLLMENT/INFORMATION FORM:			
▪ Emergency Phone Numbers			
▪ Persons Authorized To Remove Child			
▪ Alternate Nutrition Plan Agreement			
▪ Medical Alert Information (allergies, medical and/or special needs/conditions)			
▪ Medical Information (preferred doctor, hospital)			
▪ Emergency Contact (other than parents)			
▪ Authorization For Emergency Medical Treatment (notarized)			
#3040 – STATE PHYSICAL FORM			
#680 – STATE IMMUNIZATION CARD			
STATEMENT OF RECEIPT OF HANDBOOK AND POLICY AGREEMENT:			
▪ Guidance and Discipline Policy			
▪ ASQ Screening Permission (must check "do" or "do not")			
▪ Transportation Permission Agreement (must check "do" or "do not")			
▪ Photography/Media Release (must check "do" or "do not")			
▪ Know Your Child Care Facility (brochure received)			
▪ DCF Influenza Brochure (brochure received)			
CHILD CARE FOOD PROGRAM (Free And Reduced-Price Meal Application)			(update each year)
INFANT FEEDING FORM (if applicable)			
SCHOOL READINESS VOUCHER (if applicable)			
WHAT MAKES MY CHILD SPECIAL			
SIGNED & DATED DOCUMENTATION OF COMPLETED ORIENTATION			