

Child's Name: _____

DOB: _____

Start Date: _____

Classroom: _____

Return These to the School

1 ID Emergency Info

2 Child's Preadmission Health History

3 Consent for Emergency Medical Treatment

4 Parent's Right

5 Personal Right

6 Field trip Permission Form

7 Photo, Video and Audio Consent Form

8 Hearing, Dental, Vision and Nutrition Screening Consent Form

9 Physician Report

10 Medication Forms

11 Copy of Immunization Card

12 ASQ

13 Supplemental Form

14 5 individual photos

15 3 family photos

16 Emergency Bag (in a gallon sized ziploc bag with your child's name labeled put the following items: Bottle of water, snack, family photo, letter to your child)

For Your Record

1 Holiday Schedule

2 Tuition & Fee

3 Parent Handbook