

CHECKLIST FOR ENROLLMENT

Date of Application ____/____/____

Start Date ____/____/____

- Application for Enrollment (green) _____
(name)
- Parental Permission Form for Off-Premise Trips (pink)
- Authorization for Emergency Medical Care (yellow)
- Copy of Health Insurance Card
- KDHE Medical Record and Child Health Assessment (lavender)
- Tuition Agreement with Fee Schedule (white)
- Parental Agreement (cream)
- Pick-up Authorization (blue)
- CACFP – Income eligibility form for Child Care Centers
- Permission to administer skin creams (gold)
- Sick Child Form (white)
- Development History and Background information (white)