**ENROLLMENT CHECKLIST**

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| PRINT NAME OF CHILD | DATE OF BIRTH |
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* Enrollment Application
* Birth Certificate
* Current Immunization Records
* Copy of Parents ID
* *CDC Application, Approval Letter or Statement of Benefits (IF APPLICABLE)*
* Tuition Policy & Agreement
* Placement Contract
* **Child Information Record**
* **Health Appraisal**
* Zero Tolerance Child Abuse/Neglect Policy
* Parent Notification Of The Licensing Notebook
* Parent Handbook Acknowledgement
* Parent Policy Agreement
* **CACFP – Participant Enrollment Form**
* CACFP – Household Income Eligibility Statement
* CACFP – Formula/Food Sign-Off Statement
* CACFP – Request For Special Dietary Needs (*if applicable)*

*All forms should be completed in its entirety including signatures and dates before the child can start the program.*

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| \*\*FOR OFFICE USE ONLY\*\* |
| ⬜ENROLLMENT APPLICATIONDATE ENROLLED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | ⬜BIRTH CERTIFICATE/PROOF OF BIRTH |
| ⬜DOCUMENTATION FOR DHS SUBSIDY | ⬜IMMUNIZATIONS CURRENT OR UP TO DATE OR WAIVER |
| ⬜INCOME VERIFICATION: ⬜Check Stub ⬜Tax Return ⬜DHS ⬜W-2 ⬜Letter ⬜Other ⬜N/A Zero Income |  |
| STAFF VERIFICATION |
| Approved For: ⬜ CASH PAYMENTS – AMOUNT \_\_\_\_\_\_\_ ⬜ DHS SUBSIDY – HOURS \_\_\_\_\_\_\_\_\_\_\_ ⬜ EHS ⬜ SOARS ⬜ MAINLINE SCHOLARSHIP | Manager Signature: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |