

New Student Registration Checklist

Student: \_\_\_\_\_

Forms Completed: \_\_\_\_\_



COPY FOR CHILD RECORDS, ORIGINAL TO OFFICE

**Enrollment Agreement**

\_\_\_\_\_ Signature of both parents or the parent/guardian with sole legal custody

**Emergency Information Form**

\_\_\_\_\_ Names and phone numbers of 2 people to be contacted in case of an emergency

\_\_\_\_\_ Names of people authorized to pick up child

\_\_\_\_\_ Name, address and phone number of medical doctor

\_\_\_\_\_ Signature and date

**Emergency Transportation/Treatment Authorization**

\_\_\_\_\_ 2 names, addresses and phone numbers

\_\_\_\_\_ Signature in either Permission or Refusal to Transport box

**Photo Release/Roster Form**

\_\_\_\_\_ Choices checked off                                  Photo \_\_\_\_\_                                  Roster \_\_\_\_\_

**Medical Forms** (highlighted forms are only required for families receiving CYFD Child Care Assistance)

_____ Immunizations listed and form completed by physician	
_____ Physical examination form with signature and date	Expires: _____
_____ Dentist form signed, dated by dentist/physician	Expires: _____
_____ Name, address and phone number of dentist	
_____ School health record	