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