

ENROLLMENT CHECKLIST

Child's Name: _____

1. _____ Contract (Accompanied by deposit equal of two weeks tuition. The first month's tuition is due on the first day of care.)
2. _____ Admission Records
3. _____ Health Status Form (completed by physician)
4. _____ Immunization Record
5. _____ Permission to administer over the counter medication (signed by a physician)
6. _____ Authorization Form
7. _____ Information to Parents Forms
8. _____ \$40.00 Bedroll fee (for children 12 months and up)
9. _____ Food Allergy Authorization Waiver (for children with ANY food allergies)
10. _____ Expulsion Policy
11. _____ Exemption for face-up sleeping position (for infants— 18 months old)