

# Enrollment Registration Information

## ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information Packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

### **OBTAIN SIGNED FORMS FROM THE FAMILY**

- Completed Enrollment Registration Information Packet (Staple the copy of the tuition agreement to the back pages of the Family Handbook)
- Family Handbook Acknowledgement
- Child Information Card (if applicable)
- Other State or Federal required forms: \_\_\_\_\_

### **REVIEW WITH FAMILY**

- |  |   |
|--|---|
| <input type="checkbox"/> The child's first day   | <input type="checkbox"/> Late fees  |
| <input type="checkbox"/> Child guidance (discipline policy)  | <input type="checkbox"/> Vacation policy                                    |
| <input type="checkbox"/> Tuition payment schedule, amounts, and due dates                                | <input type="checkbox"/> Special needs                                      |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Absenteeism policy                                 |
| <input type="checkbox"/> Process and Procedures of Security Access                                       | <input type="checkbox"/> Sick policy  |
| <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls                    | <input type="checkbox"/> Meals  |
| <input type="checkbox"/> Child Custody Documents (if applicable)   | <input type="checkbox"/> Allergies  |
| <input type="checkbox"/> Clothing and other items to bring (labeled)                                     | <input type="checkbox"/> Security deposit (if applicable)                   |
| <input type="checkbox"/> Any pickup restrictions   | <input type="checkbox"/> Medication policy                                  |
| <input type="checkbox"/> Any photo restrictions  | <input type="checkbox"/> Relevant curriculum features for child's age group |
| <input type="checkbox"/> Immunization/Health information   | <input type="checkbox"/> Infant/Toddler needs service plan (if applicable)  |
| <input type="checkbox"/> One time registration fee   | <input type="checkbox"/> Review disaster plans                              |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of LCDC policies.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Child \_\_\_\_\_

Date: \_\_\_\_\_