ENROLLMENT PACKET CHECKLIST AND INSTRUCTIONS

☐ Admission Form – Fill out completely, listing all current information (must be updated as information changes).

☐ Consent Form – Read and complete all sections. Sign at bottom.

☐ Physical Form – Must be current within six (6) months of enrollment with immunization records, lead screening, and TB test results included. For TB and Lead; a note from the doctor indicating the child is “not at risk” or “not indicated” is acceptable.

☐ CACFP Annual Enrollment Form – Fill out sections 1 – 6. (Required by State Food Program).

☐ CACFP Household Eligibility Form – Fill out completely if your family qualifies or is applying to receive assistance with tuition.

☐ Financial Agreement – Read and sign. This indicates you have read, understand, and agree to be bound by our financial policies.

☐ Copy of Certified Birth Certificate – Xerox copy is acceptable of a certified birth certificate (not the hospital copy).

☐ Licensing Standards Agreement – Acknowledgement of the DCFS regulations we must follow.

☐ Medicaid Card – If your child has a Medicaid card, please provide a copy of it to our office. Please include for vision, hearing, and dental screenings.

PLEASE ASK FOR THE FOLLOWING FORMS IF APPLICABLE TO YOUR FAMILY:

☐ Medication Form – Required if you need for YWCA Young Wonders to administer any type of medicine to your child – prescription or over the counter.

☐ Medical Exception Statement for Food Substitution – Required if your child has a food allergy or cultural dietary needs.

☐ Infant Formula Waiver – Required if your child is less than one year old and is still on formula.

☐ Electronic Bill Payment – Required if you would like payments to be automatically deducted from your credit/debit card or checking account.

APPLICATION DATE: ________________ ADMISSION DATE: ____________ CLASSROOM: _____________________