

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: _____