

CHILD AND FAMILY DEVELOPMENT RESOURCE CENTER



RENEWAL

Continuing Enrollment Checklist

Child's Name: _____ Room: _____ Date: _____

Update/Return	
	Health History and Emergency Contact Information
	State of CT Health Assessment Record with Immunizations (<i>if not within 1 year</i>)
	Health Insurance Card (if different)
	Address Verification (if different)
	Income Verification
	Verified Work Schedule
	Acknowledgment of Signature Page of CFDRRC Policies
	Photography and Video Tape Consent and Release
Review	
	Academic Calendar