



New Enrollment Checklist

Child's Name: _____ **Date:** _____

General Information	
	Enrollment Information
	Family Information Sheet
	Child's Birth Certificate
	Proof of Address
Fiscal Affairs	
	Income Verification: Pay Stubs (if weekly – 4, if bi-weekly – 2, if monthly – 1 or 1040 tax form)
	W-9 (<i>Please hand deliver on first day</i>)
Medical	
	Health Physical with State of CT Health Assessment Record & Immunizations (<i>Current physical within one year, must have prior to start date.</i>)
	Authorization for the Administration of Medication (<i>if asthma or allergy diagnosis</i>)
	Authorization for the Administration Non-Prescription Medications (<i>if applicable</i>)
	Child's Insurance Card
Signed Policies and Permission Forms	
	Acknowledgement of CFDRC Policies Signature Page
	Photography and Video Tape Consent and Release
Miscellaneous	
	Eastern Alert- Weather Form
For Your Review	
	CFDRC Policies
	Letter from School Nurse
	Holiday Schedule