

LITTLE GUPPY CHILD DEVELOPMENT CENTERS NEW CHILD ENROLLMENT CHECKLIST (FOR PARENT)

Child's Name _____

Start Date _____ Birth date _____ STC _____ OF _____

- Security System.** Each parent has a separate code to enter the building and clock the child in and out. Our attendance documents are processed through this code and allow documentation of who is dropping off and picking up the child. For safety purposes, codes should not be shared with anyone. Visitors without a code will require appropriate identification to enter our classrooms. Typically, we ask that additional codes are given only to family and friends who will be picking the child up multiple times each week. Please choose codes below. Note: If the code chosen is already being used, we may ask you to choose another.

Mother's Code: _____

Father's Code: _____

Other: Name: _____ Code: _____

- MO DHSS Child Enrollment Form.** Please fill in all spaces including specific doctor and hospital.
- MO DHSS Child Medical Examination Report (Physical with doctor's signature)**
- Immunization Records faxed from doctor's office (fax# 636-240-7332)**
- MO DHSS Parent's Specialized Instructions for Infants and Toddlers.** This form helps us fully understand your infant's feeding and sleeping schedule. If your child is over one year old, please sign for permission to sleep on a cot in the middle of the form.
- Infant Sleep Position Policy**
- Tuition Express Authorization.** Available to withdraw from a checking, savings or credit card account. Note. credit card accounts will be charged an additional \$4.50 per week to cover our tuition express credit card fees. Processing may take 1-2 weeks; please pay tuition through check or money order until processing is finished.
- Voided check stapled to your Tuition Express Authorization**
- Child and Family Information**
- Permission to Use Image**
- Transportation Agreement**
- Parent Handbook Agreement.** Please sign the last page in agreement and keep the policies for your reference.
- Medications.** If your child is currently on a medication, please fill out a medication authorization form and bring the medication in its original container labeled with your child's first and last name.
- Allergies.** A child with allergies has very specific needs. If your child has a diagnosed allergy, please talk to the office for the forms; ensuring your child is safe and healthy every day.
- Supplies.** A Supply list for the classroom is included. Please be sure all items are labeled with your child's first and last name.

(Notes. 1. Check boxes to the left are forms in this packet. 2. **Highlighted** items indicate a piece of information you must provide. 3. Child's file must be completed within one week of the start date.)