ENROLLMENT APPLICATION

Check List

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please check | **Item** | **Note** | **Received By** | **Date** |
|  | Application for Enrollment **(yellow)** |  |  |  |
|  | Enrollment Contract **(blue)** |  |  |  |
|  | Permission Releases **(green)** |  |  |  |
|  | Discipline Policy **(pink)** |  |  |  |
|  | Media Consent Form **(orange)** |  |  |  |
|  | Free and Reduced Meal Application |  |  |  |
|  | Diet/Allergy Restrictions |  |  |  |
|  | Influenza Signature Page |  |  |  |
|  | Emergency Data Card**\*** |  |  |  |
|  | MDC Staff ID | If applicable |  |  |
|  | MDC Student ID | If applicable |  |  |
|  | MDC Student Updated Schedule | If applicable |  |  |
|  | Copy of Birth Certificate | To be provided by guardian |  |  |
|  | Copy of Parent/ Guardian State I.D. or Driver’s License | To be provided by guardian |  |  |
|  | Copy of Medical Insurance Card | To be provided by guardian |  |  |
|  | Immunization Record (Blue or white) | Obtain this from the pediatrician |  |  |
|  | Health Exam Record (Yellow) | Obtain this from the pediatrician |  |  |
|  | **\***Attention preschool staff: please make a copy ***,***and give to Teacher and front-desk binder. *Thank you!* |  |  |  |