



Children's Files

2016-2017 **PRE-K**

Parents please insure you have all of the following complete.
Your child will not be allowed to start without all information.

Information Needed	Parents Initials	Staff Initials
Enrollment Application 1 Page		
Child Information Sheet 1 Page		
Enrollment Agreement 2 pages		
Policy Sheet 1 Page		
Pre-K Assessment Consent 1 Page		
CACFP 3 Pages		
CDBG Income Guideline		
Pay Stubs (2 most current)		
Proof of address (Utility Bill)		
Photo ID		
Shot Records		
Child's Birth Certificate		
IEP/IFSP (If applicable)		
Medical Report		
4 Family Photos (We May copy)		

You will not be allowed to opt out of providing any information.

Without all acknowledgements we cannot allow you to enroll.

This Point Forward is for Office Use Only:

I as a member of management I have accepted this information for the child above. I have reviewed all of the documentation and am stating that all of the required information has been received from the parent and is secured in the child's file.

I understand that should there be missing documentation at the time of enrollment I am required to obtain this information within one week from the child's start date, with exception of the medical report which I will assure is obtained no later than 30 days from the child's start date.

Date Enrollment Application received _____

Childs start date _____

Date file is 100% complete _____

Print Name _____ Signature _____ Date _____

This half of the form is for Office Use Only:

Custody Mother <input type="text"/>	Custody Father <input type="text"/>
Census Tract <input type="text"/>	Regional Area <input type="text"/>
Family Code <input type="text"/>	Head of Household <input type="text"/>

HUD INFORMATION	
HUD INFORMATION <input type="text"/>	NUMBER LIVING IN HOME <input type="text"/>
GRANTS	
MGM MIRAGE Voice <input type="text"/>	OTHER <input type="text"/>
UW-Immediate Needs <input type="text"/>	OTHER <input type="text"/>
Bank of America <input type="text"/>	<input type="text"/>
CDBG-LV <input type="text"/>	OTHER <input type="text"/>
Wells Fargo <input type="text"/>	OTHER <input type="text"/>
SCHOLARSHIP PROGRAM INFORMATION	
Child 1 Total <input type="text"/>	Program Pay Total <input type="text"/>
Child 2 Total <input type="text"/>	Program Pay Total <input type="text"/>
Child 3 Total <input type="text"/>	Program Pay Total <input type="text"/>
Child 4 Total <input type="text"/>	Program Pay Total <input type="text"/>
Parent Pay Total <input type="text"/>	Family Discount <input type="text"/>

FOR OFFICE USE ONLY