Children's File Checklist

Child's Name: _____

DOB: _____   Date Enrolled: _____

Start Date: _____Male /Female

Hours Attending: _____   Emergency Contact:_____

All day   Morning Only   Afternoon Only

Date Checked

Enrollment Form			
Emergency Medical Release			
Medical Record			
Immunizations (updated continuously)			
Immunization Exception (if applicable)			
Child Health Assessment			
Off-Premise Permission			
Picture Release			
Birth Certificate			
myIGDI (Staff completed assessment)			
ASQ-3 (Family completed screener)			
ASQ-SE (Family completed screener)			
Protective Family Survey(Family completed screener)			
KELI-4 (Staff completed assessment			