

Student File Checklist

Student's Name: _____ Date of Birth: ___/___/___

Date of Enrollment: ___/___/___ Days Enrolled: M-F M/W/F T/TH

Document	Date Received
Enrollment Form , to include: <ul style="list-style-type: none"> • Student's Legal Name & Birthdate • Parent/Legal Guardian Name & Contact Info • Name, Address & Phone # of Authorized Persons to Pick-up • Name, Address & Phone # of Student's Physician • Physical or Mental Conditions • Known Food Allergies • Receipt of program's written policies & procedures • Receipt of program's food & nutrition policies • Parent/guardian consent for childcare personnel to have access to student's records. 	
Birth Certificate	
Health Form 3040 (obtain within 30 days of enrollment; current if within 2 years of exam)	
Current FL Certificate of Immunization Form 680 or Religious Exempt Form (For all children, to include school age. Obtain within 30 days of enrollment)	
Emergency Care Plan , if applicable (For any child who has or is an increased risk for chronic physical, developmental, behavioral, or emotional condition)	
Order for Special Diet , if applicable	
Medication Authorization , if applicable, for: <ul style="list-style-type: none"> • Medications • Diaper cream • Sunscreen • Insect Repellent 	
Permission to Transport , if applicable	