

Child's Name _____

Date Enrolled _____

- Health and Emergency Form
- Medical Report (Physical)
- Immunization Record
- Signed Discipline Statement
- Infant Feeding Schedule (if applicable)
- Incident Reports (if applicable)
- Previously administered medication permission forms
- Permission to transport/outside fenced area
- Signed contract/policies
- NC summary of Law signed statement
- Signed SIDS policy (if applicable)
- Blanket medication permission forms (if applicable)
- Other _____
- Other _____

Notes _____

Child's Name _____

Date Enrolled _____

- Health and Emergency Form
- Medical Report (Physical)
- Immunization Record
- Signed Discipline Statement
- Infant Feeding Schedule (if applicable)
- Incident Reports (if applicable)
- Previously administered medication permission forms
- Permission to transport/outside fenced area
- Signed contract/policies
- NC summary of Law signed statement
- Signed SIDS policy (if applicable)
- Blanket medication permission forms (if applicable)
- Other _____
- Other _____

Notes _____

