

FORM A

Stockbridge-Munsee Community | Electa Quinney Head Start Enrollment Packet Checklist

My Signature Below Indicates that I Have Received and Completed the Following Forms
Prior to the Beginning of the Head Start School Year

Child's Name

- | | |
|--|---|
| <input type="checkbox"/> FORM A-Enrollment Packet Checklist | <input type="checkbox"/> FORM B-All About Me/My Family |
| <input type="checkbox"/> FORM C-Authorization for Pictures | <input type="checkbox"/> FORM D-Behavioral Health |
| <input type="checkbox"/> FORM E-Bus Safety Rules | <input type="checkbox"/> FORM F-Bus Safety Training Checklist |
| <input type="checkbox"/> FORM G-Enrollment Transportation/ Emergency Form | |
| <input type="checkbox"/> FORM H-Alternate Arrival (Bowler School Only) | |
| <input type="checkbox"/> FORM I-Fluoride Varnish Permission | <input type="checkbox"/> FORM J-Parent Information Checklist |
| <input type="checkbox"/> FORM K-Parent Volunteers – Policy Council | |
| <input type="checkbox"/> FORM L-Preferred Communication | <input type="checkbox"/> FORM M-Release of Information (Medical) Form |
| <input type="checkbox"/> FORM N-Health Forms | |
| <input type="checkbox"/> N-1 Health Record-Physician Examination (Completed by Physician) 2 Pages | |
| <input type="checkbox"/> N-2 Health Record-Immunization Record | |
| <input type="checkbox"/> N-3 Health Record-Dental Examination (Completed by Dentist) 2 Pages | |
| <input type="checkbox"/> N-4 Health Record-Nutrition Screening (Completed by Community Health) 2 Pages | |
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ADDITIONAL FORM(S)

- Ages and Stages Parent Questionnaire
Developmental Screening (Completed by Behavioral Health)
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SIGNATURE

Parent Signature:

Date:

Parent Signature:

Date:

Head Start Signature:

Date: