



Children's File Checklist

Child's Name _____ Date of Enrollment _____

DP Form #	The following items must be present in each child's file.	Required By	Due Date	Date Received / Completed
DP101	<input type="checkbox"/> Children's File Checklist	All	First Day of Enrollment	
DP102	<input type="checkbox"/> Pre-Enrollment Registration Form	If Applicable	First Day of Enrollment	
DP103	<input type="checkbox"/> Child Enrollment Form (<i>Parent agreement, emergency medical</i>)	All	First Day of Enrollment	
DP106	<input type="checkbox"/> Payment and Fee Agreement or signed Rate Sheet	All	First Day of Enrollment	
	<input type="checkbox"/> Parent Handbook Acknowledgment	All	First Day of Enrollment	
DP202	<input type="checkbox"/> Immunization Record	All	W/in 30 days of enrollment	
DP105	<input type="checkbox"/> Child Information Form – “What Makes Me Special”	All	First Day of Enrollment	
DP104	<input type="checkbox"/> Photo Release	All	First Day of Enrollment	
DP701	<input type="checkbox"/> Discipline and Behavior Management Policy (<i>parental agreement</i>)	All	First Day of Enrollment	
DP402	<input type="checkbox"/> Infant Information and Feeding Schedule	Infants	First Day of Enrollment	
DP401	<input type="checkbox"/> Safe Sleep Policy Receipt	Infants	First Day of Enrollment	
DP403	<input type="checkbox"/> Alternative Sleep Position Waiver (<i>Health Care Professional</i>)	Infants	First Day of Enrollment	
DP404	<input type="checkbox"/> Alternative Sleep Position Waiver (<i>Parent Request</i>)	Infants	First Day of Enrollment	
DP302	<input type="checkbox"/> Transportation Agreement /Authorization	School-age	First Day of Enrollment	
DP301	<input type="checkbox"/> Vehicle Emergency Medical Information	School-age	First Day of Enrollment	
DP405	<input type="checkbox"/> Homework Policy	School-age	First Day of Enrollment	
DP203	<input type="checkbox"/> Medication Authorization Form	As Needed	As Occurs	
DP204	<input type="checkbox"/> Permission to Dispense External Preparations	As Needed	As Occurs	
DP205	<input type="checkbox"/> Permission to Administer Medication for Chronic Medical Condition	As Needed	As Occurs	
DP206	<input type="checkbox"/> Allergy Action Plan - Asthma	As Needed	As Occurs	
DP207	<input type="checkbox"/> Allergy Action Plan - Diabetes	As Needed	As Occurs	
DP208	<input type="checkbox"/> Allergy Action Plan – Food	As Needed	As Occurs	
DP209	<input type="checkbox"/> Allergy Action Plan - Seizures	As Needed	As Occurs	
DP501	<input type="checkbox"/> Copies of Incident Reports	As Needed	As Occurs	

During my child's enrollment orientation I received, completed and/or reviewed the above listed documentation/forms.

Parent(s)/Guardian Signature _____ Date _____
 Owner's Signature _____ Date _____