

Orientation Date & Time: _____



UM-Flint Early Childhood Development Center Child's Folder Checklist

Child's Name: _____ DOB: _____

Classroom: _____ Nido _____ Fiore _____ Giardino _____ Fiume
_____ Vento _____ Sogno _____ Cascata

Child's Code: _____ First Attendance Date: _____

<i>Pre-Registration Packet Items</i>	<i>Date Received/Staff Initials</i>	<i>Orientation Items</i>	<i>Date Received/Staff Initials</i>
Immunization Record		Family Agreement	
Health Appraisal /Physical		Contract for Service	
Daily Living Survey		First Aid Supplies	
Child Placement Contract		Family Parking Passes	
CACFP Eligibility Statement		New Friend Coming	
Registration Fee Paid		Sunscreen/Insect Repellent Form (Spring/Summer Only)	
Child Information /Contact and Emergency Record		Welcome Gift Given	