

Student Name:		
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Registration Student Checklist

 Password 					
2. Parent interv	riew package	(observation)			
3. Child enrollm	nent contract				
4. Welcome/ne	eed package	(registration)			
5. Statement o	f good health #3040				
6. Immunizatio					
7. Copy of drive					
8. Discipline po					
9. Swimming co	entral form				
10. Influenza Virus Information (online read only)					
11. Know your Child Care Facility Brochure (online read only)					
12. Alternate nu	trition plan				
13. Food partici	oation affidavit signed				
14. Register child	d in Montessori Compass	(by invitation only)			
15. Register child	d in My-Procare	(admin & accounting)			
16. Birthday cele					
17. Three weeks of snacks. Please select dates:					
1 st WK	2 nd WK	3 rd W	/K		
Staff's Name:		Date:			
Director Signature:		Date:			