

Little Stars Child Development Center
ENROLLMENT CHECKLIST



Start Date _____/_____/_____
Assigned Classroom _____
School _____
(School Aged Only)

Child's Name: _____ D.O.B: _____ Age _____
Parent's Name: _____

Address: _____

E-mail Address _____

Home Phone _____ Work Phone: _____

Below to be completed by Little Stars CDC staff only

Enrollment Fees:

Registration Fee \$ _____ Security Deposit Fee \$ _____
Tuition/Co-pay Amount \$ _____ wkly POC Voucher Amount \$ _____
Summer Camp Activity Fee \$ _____ School Year Activity Fee \$ _____

OCC State Required Forms:

O.C.C. Form: _____
Food Program Meal Benefit Form: _____
Health Inventory: _____
Immunization Record: _____
Student Discipline: _____
Emergency Card: _____

Little Stars CDC Forms:

Child Profile: _____
Financial Agreement: _____
Copy of Parents Driver's License: _____
Handbook Acknowledgment Form: _____

Infant & Toddler Additional Enrollment Forms:

Infant/Toddler Schedule: _____ Consent (Sleeping Cot): _____
Potty Training Consent: _____

Take Home Forms:

Fall/Summer Letter: _____ Daily Needs List (Infants & Todd.): _____
Tuition Schedule: _____ Daily Needs List Preschool: _____
Parent Handbook: _____ Thank You Letter: _____