

Child's Name \_\_\_\_\_

Child's Date of birth (month/day/year) \_\_\_\_\_

CHLG Class \_\_\_\_\_

Please submit a separate enrollment packet for each of your children enrolled in a teacher led class, and write your child's name in the top right corner of each form. Enrollment packets can be turned in at the school on Meet and Greet days (8/25 or 9/2) or at Parent Orientation (8/25) or can be mailed or dropped to Martha Herndon at 516 7<sup>th</sup> Street, NE WDC 20002. Packets cannot be faxed or e-mailed.

To ensure that you have included all forms AND to help with CHLG record keeping please use this cover sheet to check off each form that is included in your packet and to fill in names and dates as requested on this sheet. Attach this cover sheet to the front of your packet and turn in all forms at one time (incomplete packets will be returned to you for completion). Packets must be received by Friday, September 2<sup>nd</sup>, in order for your child to begin on the first day of school (September 6<sup>th</sup>).

CHLG Policy and Procedures Manual (initial each page, sign and date the last page)

Registration Form

Authorization for Emergency Medical Treatment

I have included all necessary policy numbers under "health insurance information"

Travel and Activity Authorization (please fill out according to the instructions given online)

Staff/Volunteer Health Certificate(s): (Please attach a form for each parent, grandparent or nanny who will serve duty days in the classroom (see the CHLG Policy and Procedures Manual for limits on the number of duty days a nanny is permitted to serve). List the names and exam dates of attached forms below:

Name of adult \_\_\_\_\_ Exam date \_\_\_\_\_ PPD date \_\_\_\_\_

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Staff/Volunteer Health Information Form(s): (a form is required for each person listed above)

All forms include all necessary policy numbers under "health insurance information"

Universal Health Form (child): Exam date \_\_\_\_\_ (must be within past 12 months)

PPD date \_\_\_\_\_ (must be within past 24 months)

Oral Health Assessment: Exam date \_\_\_\_\_ (must be within past 12 months)

Anaphylaxis Action Plan (if applicable)

Asthma Action Plan (if applicable)