

**Child File Checklist**

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| --- | --- | --- |
| **Date:** |  |  |
| **Child:** |  | **DOB:** |
| **Parent:** |  | **Home: ( ) -** |
| **Address:** |  | **Cell: ( ) -** |
|  |  | **Work: ( ) -** |

**Complete Current Physical including the following**

* **Immunizations**
* **BMI (3 yrs old/older)**
* **HGT/HCT**
* **Lead test results**
* **Tuberculosis skin test results**
* **Weight/Height**

**Dental Exam**

**Complete/Sign/Date the following:**

**Enrollment Form**

**Head Start Application**

**Easter Seals Application**

**Child Care Application**

**CPS Application**

**Copies needed of the following:**

**Social Security Card**

**Birth Certificate**

**Insurance Card**