

Child Name _____

Start Date _____

Firefly Children's Center

Registration Checklist

All Children

1. _____ Child Application Form
2. _____ Annual Registration Fee (\$100 for first child, \$50 per / child)
3. _____ 2-week Deposit (will apply to last 2 weeks of attendance and not applicable within the first 6 months of enrollment) _____ Signature of acknowledgement
4. _____ Emergency Contact and Parent Release
5. _____ Immunization Record
6. _____ Food Program Agreement
7. _____ OTC Medications Form
8. _____ Tuition Express Form
9. _____ Transportation Release Form
10. _____ Family Involvement Hour Acknowledgement

Child Name _____

Start Date _____

Infants Only

1. _____ Pediatric Health Statement
2. _____ Infant Feeding Schedule