



### PARENT REMINDER



Dear \_\_\_\_\_, Date \_\_\_\_\_

**Your child's records are incomplete as indicated by the checked items below.**

- Child's Enrollment Record -- (This form must be filled out.)
  - Family Information
  - Emergency Contacts
  - Physician Information
  - Dentist Information
  - Hours & Days of Care
  - Meals Served
  - "Know Your Child's Family Child Care Home"
  - Discipline/Expulsion Policy
  - Influenza Brochure (due Aug. or Sept.)
- Emergency Medical Release
- Student Health Examination (current form expired \_\_\_\_\_)
- Certificate of Immunization (current form expired \_\_\_\_\_)
- Signature to verify that enrollment information is complete and accurate

Return the designated information by \_\_\_\_\_, to avoid possible dis-enrollment of your child. *Date*

Thank You

\_\_\_\_\_  
Signature of Provider

F-0101 Sample (Rev 06/22kk)



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