



Parent Orientation Checklist

Child's Name: _____ Age: _____ Classroom: _____

Start Date: _____ Fee Category: _____

Initial on the line: (Forms issued on the **RIGHT SIDE** of Enrollment Packet Folder)

_____ Welcome Letter

_____ LAAFB Child Care Agreement Fiscal year _____

_____ Childcare Permanent Record (AF Form 1181) and Instructions

_____ Family Member Programs Flight Auto Pay Authorization Credit Card Form

_____ Childcare Fees (AF Form 2652)

_____ Child Health Assessment Form (**Required Annually for Allergy/ Special Needs)

_____ USDA Child Care Food Program Meal Benefit Packet:

- Informational Letter
- Fiscal Year _____ Survey Packet

_____ Military and Family Consultant Authorization Form

_____ Earthquake List (Infant/ Pre-Toddler/Toddler/Preschool)

each child **MUST have an earthquake kit at the time of enrollment.

Initial on the line: (**Information regarding the facility is located on the **LEFT SIDE** of the Enrollment Packet Folder and can remain in your possession.)

_____ CYP Mission Statement

_____ Program Philosophy and Goals

_____ Information Packet on the Center's Curriculum

_____ Guidance Policy

Documentation provided by Sponsor/ Guardian:

- Copy of the child(ren)'s immunization records
**The flu vaccine must be annotated on the record if in season. It is a requirement for children 6 months of age
- Special Power of Attorney
**If applicable: Deployed sponsor/ legal guardianship

****By initialing on the designated lines you are confirming you have read and signed all documents provided regarding policy and procedures.**