

Child's Name: _____



Important School Age Form Checklist



Received Form

- School-Based Registration Form (3 pages)
- Financial Registration Form (2 pages)
- BBGCFC Membership Application (4 pages)
- Health Assessment Form Completed (within 3 years of start date)
- Authorization For the Administration of Medication
- Individual Plan of Care for Child with Epi-Pen
- Individual Plan of Care for Child with Inhaler/Nebulizer
- Individual Plan of Care for Child with Special Needs
- Credit Card Authorization Form
- Kindergarten Transportation Form (if applicable)
- Signed Behavior Management Guidelines
- Signed Non-Prescription Topical Lotion Form
- Childcare/Parent Policy Manual Page Signed
- Tuition Agreement Signed (once financial registration form is complete)
- Registration Payment
- Payment for First Week in advance
- Care For Kids PPA Form (if applicable)...C4K Family ID: _____

Required?

- Yes
- Yes
- Yes
- Yes
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes
- Yes
- Yes
- Yes
- Yes
- Yes No

Office Use Only

Registration Payment

Amount Due: _____ Amount Paid: _____ Date Paid: _____ Check #: _____

First Week's Advance Payment

Amount Due: _____ Amount Paid: _____ Date Paid: _____ Check #: _____

Staff Initials: _____ (Print)

BE GREAT