

NAME (LAST, FIRST): _____

PRE-K

3'S

PRESCHOOL CHECKLIST

	Program Registration Form
	Authorization for Pick-Up Form
	Child's Personal History
	Emergency Contact Information
	Up-to-date Record of Immunizations
	Certified Copy of Birth Certificate <i>(New Students Only)</i>
	Payment Plan Agreement Signed <i>(On Receipt Copy)</i>
	Medication Dispensing Forms <i>(optional)</i>
	Credit Card Authorization <i>(optional)</i>