**Children’s File Checklist**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_**

DCFS forms Chesterbrook forms

­­\_\_\_ Physical \_\_\_Emer. Contact/Consent

\_\_\_ Immunizations \_\_\_ Applicant Information

\_\_\_ TB (after age 1) \_\_\_Emergency Contact Person

\_\_\_ Lead (after age 1) \_\_\_ Fee Schedule

\_\_\_ Birth Certificate \_\_\_ Tuition Agreement

\_\_\_ DCFS standards form \_\_\_ Parent Acknowledgement

\_\_\_Eye Exam (KG) \_\_\_ Sick Policy Acknowledge

\_\_\_ Dental Exam (if applicable) \_\_\_ Pre-Enroll Modification

\_\_\_ Pest Management \_\_\_Green Emergency Card

\_\_\_Late Pick up Illinois \_\_\_ACH or CC Payment