

NAME: _____

ROOM: _____

**BLAIR EARLY CHILDHOOD CENTER
2024-2025 ENROLLMENT PAPERWORK**

PROVIDE COPIES OF THE FOLLOWING:

- BIRTH CERTIFICATE
- PROOF OF RESIDENCY
- PICTURE ID

PLEASE COMPLETE THE FOLLOWING DOCUMENTS:

- SCHOOL ENROLLMENT FORM
- REQUEST FOR EMERGENCY AND HEALTH INFO
- HOME-LANGUAGE SURVEY (REPORT CARD WAIVER IF NEEDED)
- RACE & ETHNICITY SURVEY
- STUDENT MEDICAL INFORMATION
- MEDIA CONSENT AND RELEASE FORM
- PERMISSION SLIP FOR WALKING TOUR
- BLAIR RELEASE FORM
- FAMILY INCOME INFORMATION FORM
- SCHOOL MESSAGING CONSENT FORM
- DONORS CHOOSE
- IEP ELECTRONIC AUTHORIZATION
- RELEASE/EXCHANGE OF INFORMATION

HEALTH/MEDICAL FORMS:

- PHYSICAL/IMMUNIZATION RECORD - **No later than 10/15/24**
- PROOF OF DENTAL EXAMINATION FORM - **Kindergarten Students**
- EYE EXAMINATION REPORT - **Kindergarten Students**
- OTHER HEALTH FORMS IF NECESSARY

TRANSPORTATION FORMS IF RIDING BUS:

- WHITE FORM