

BBNA Head Start

PO Box 310 Dillingham, AK 99576

907-842-4059

ENROLLMENT FORMS CHECKLIST

Returning

New

CHILDS NAME: _____ BIRTH DATE: ____ / ____ / ____ COMMUNITY: _____

PARENT(S) NAME: _____

- Consent/Comments Form
- Supplemental Child Information
- Health History (not applicable for returning students)
- Nutritional History (not applicable for returning students)
- Allergy Form (not applicable for returning students)
- **Returning Student Health/Nutrition/Allergy Update**
- Parent Child Abuse & Neglect Policy
- Confidentiality Policy for Parents and Volunteers

Release of Information forms:

- Bristol Bay Area Health Corporation
- State of Alaska Public Health Clinic
- Dental Consent
- TANF (TANF Families Only)
- Authorization to exchange information with School District (SPED only)
- Family Needs Assessment
- Parent Involvement Form

IMMUNIZATIONS

Immunizations are required before entry into Head Start

Other Immunizations recommended:

Current Immunizations Due (if any) _____

REQUIRED WITHIN 45 DAYS FROM THE CHILD'S ENTRY INTO HEAD START

(Developmental, Hearing and Vision Screening can be done at Head Start)

Complete	Incomplete		Parent Comments
<input type="checkbox"/>	<input type="checkbox"/>	Developmental Screening	_____
		Due: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Screen	_____
		Due: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vision Screen	_____
		Due: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Current Physical Exam	_____
		Due: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Dental Exam	_____
		Due: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	TB screening	_____
		Due: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lead screening	_____
		Due: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Hemoglobin screening	_____
		Due: _____	_____

Teacher's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____