Class	room:	Program:	First Day of School:
Child's name:			
Last		First	Birthdate
	Dove I	Day Infant Admission	Check List
0	Getting to know you	u	
0	Admission Applicati	on	
0	Identification and A	uthorization LIC 700	
0	Consent to Treat LIC	C 627	
0	Personal Rights LIC	613A	
0	Parents Rights LIC 9	95	
0	Child's Health Histo	ory (Parent Report) LIC 7	702
0	Physicians Report L		
0	Copy of Vaccination		
0	Needs and Service P	Plan	
0	Safe Sleep LIC 9227		
0	Safe Sleep Informati	on (initial)	
0	Handbook Receipt (on website)	
0	Promise to Understa	and	
0	Received Lead Safet	y Information (initial) _	
I/we have in my/our possession a copy of the Dove Day School Handbook. I take			
responsibility for becoming familiar with the policies and practices of Dove Day			
Schoo	ol.		
	Signature o	of Responsible Party	Date
			the enrollment forms listed
have Garci	a concern, I will cont ia, the Assistant Direction ied. Completed and si	act Tracy Martinez, the ctor for clarification. I pr	e, confusion, unreasonable, or school Director, or Vivianna romise to ask until I am e listed forms have been given

Signature of Responsible Party

Date