

2804 Granby Street

Norfolk, Virginia 23504

757-625-5437(KIDS)

NEW STUDENT CHECKLIST

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| --- |
| Child’s Full Name: |
| Address: |
| Telephone Number: | DOB: |
| Primary Parent Name: | Contact Number: |
| Address: |
| Start Date: | Termination Date: |
| EMAIL: |

* Birth Certificate
* Immunization Record
* Parent Handbook & Agreement
* VA Physical Form
* COMPLETE Registration Form
	+ 2 Complete Emergency Contacts
	+ People Allowed/Not Allowed to Pick Up Child
	+ Complete Dr’s Information
	+ Special Needs Listed

Review ALL

* Parent Handbook/Overview of Policies
* Child Absence Policy Explained
* Physician Authorization for Medication, if Necessary
* Late Payment Policy Explained
* What to Bring on Child’s First Day Discussed