

**ENROLLMENT CHECKLIST – PART DAY HEAD START
(ETR Enrollee)**

Reach Dane Staff Name: _____ **Today's Date:** _____

	COMMENTS:	Date Completed
<input type="checkbox"/> Enrollment Agreement <small>(194.1)</small>		
<input type="checkbox"/> Child Release Authorization (<i>Emergency Card</i>) <small>(208)</small>		
<input type="checkbox"/> Health and Development History (2 nd Year) <small>(312)</small>		
<input type="checkbox"/> Health Risk Education Sheet <small>(give to all families) (161A)</small>		
<input type="checkbox"/> Health Risk Questionnaire <small>(122 rev)</small>		
<input type="checkbox"/> Health Condition Alert Form <small>(102)</small>		
<input type="checkbox"/> Authorization for Release of Medical Information <small>325)2 of these</small>		
<input type="checkbox"/> Authorization for Release of Lead Info <small>(325a)</small>		
<input type="checkbox"/> Family Profile <small>(211)</small>		
<input type="checkbox"/> Transportation Policy Parent Agreement <small>(118)</small> <i>Part Day Head Start and GB SP programs only</i>		
<input type="checkbox"/> County Confidential Release of Information		
<input type="checkbox"/> Head Start Screenings <small>(give to all families)</small>		
<input type="checkbox"/> Celebration Food Parent Letter <small>(give to all families)</small>		
<input type="checkbox"/> Measles Information Letter		
<input type="checkbox"/> HR Letter		
<input type="checkbox"/> DPI Statement Letter <i>Must be given to parent – required by state!</i>		
<input type="checkbox"/> ASQ SE		