

# HS Online Enrollment Form Checklist 2023-2024



**Last, First Middle Name:** \_\_\_\_\_

**Name of staff completing enrollment:** \_\_\_\_\_

\* Place forms in a two pocket folder. Forms should be filed in the same order as they appear on the checklist. ERSEA and Education forms are to be filed in the left-hand pocket. The health forms are to be filed in the right-hand pocket.

| Item | Form # | Parent Signature Required | In File | N/A | Notes: |
|------|--------|---------------------------|---------|-----|--------|
|------|--------|---------------------------|---------|-----|--------|

**The following documents are to be included in the two pocket ERSEA folders.**

|  |                                |     |  |  |  |
|--|--------------------------------|-----|--|--|--|
| Enrollment Cover Sheet * Stapled to the front of the two pocket folder   | Enrollment 35                  | No  |  |  |  |
| <b>ERSEA Packet - Left Pocket *To also be uploaded to ChildPlus as ERSEA Packet</b>  |                                |     |  |  |  |
| Enrollment Form Checklist  | Enrollment 36                  | No  |  |  |  |
| Basic Information Form/Eligibility Comment Sheet   | Enrollment 1                   | No  |  |  |  |
| Getting to Know My Child   | ChildPlus Printout             | Yes |  |  |  |
| ERSEA Checklist  | Enrollment 3                   | No  |  |  |  |
| Enrollment Verification Checklist  | Enrollment 4                   | No  |  |  |  |
| Birth Certificate (Copy)   | Copy                           | No  |  |  |  |
| ChildPlus Online Applications (Family Information, Income & Contacts), (Applicant & Family Member Information), (Applicant Eligibility & Enrollment Information, Eligibility Criteria), and (Eligibility Verification) | ChildPlus Application Printout | Yes |  |  |  |
| Income Story   | ChildPlus Printout             | Yes |  |  |  |
| Income Calculation Worksheet A or B (only as needed)   | Enrollment 8 or 9              | No  |  |  |  |
| Proof of income  | Copies of Proof                | No  |  |  |  |
| Self-Declaration of family income (only as needed)   | Enrollment 12                  | Yes |  |  |  |
| Statement of no income (only as needed)  | Enrollment 13                  | Yes |  |  |  |
| Over Income Special Needs Referral (only as needed)  | Enrollment 14                  | No  |  |  |  |
| Applicant of a Staff Person Referral (only as needed)  | Enrollment 7                   | No  |  |  |  |
| Emergency Information Form   | Child File 9                   | Yes |  |  |  |
| Picture of Parent/Guardian ID  | Copy                           | No  |  |  |  |
| Legal Documents (only as needed)   | Copy                           | No  |  |  |  |
| IEP (only as needed)   | Copy                           | No  |  |  |  |

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| Item   | Form #        | Parent Signature Required | In File | N/A | Notes: |
|--|---------------|---------------------------|---------|-----|--------|
| Consent to Release or Exchange Information for IFSP/IEP (only as needed) | Child File 15 | Yes                       |         |     |        |

| Health Dental Nutrition - Right Pocket                                     |                      |   |  |  |  |
|--|----------------------|---|--|--|--|
| Initial Health History   | Print from ChildPlus | No  |  |  |  |
| Nutrition Assessment For Preschool   | Print from ChildPlus | No  |  |  |  |
| Medical/Dental Home  | HDN 4                | No  |  |  |  |
| Medical Insurance Card   | Copy                 | No  |  |  |  |
| Certificate of Immunization Status (CIS) (Both Pages)                      | Print out            | only for CIS which Status = Conditional Immunization Status |  |  |  |
| Other Immunization Information   | Print out or Copy    | No  |  |  |  |
| Immunization Certificate of Exemption (only if needed)                     | Print out            | No  |  |  |  |
| Well Child Exam  | Copy                 | No  |  |  |  |
| Dental Exam  | Copy                 | No  |  |  |  |
| Health Care Plan (only if needed)  | HDN 14               | Yes   |  |  |  |
| Medical Alert (only if needed)   | HDN 42               | Yes   |  |  |  |
| Toileting Action Plan (only if needed)                                     | Child Dev. 4         | Yes   |  |  |  |
| Consent to Release or Exchange Information For any Health/Nutrition/Dental | Child File 15        | Yes   |  |  |  |

| USDA - Right Pocket  |                               |     |  |  |  |
|--|-------------------------------|-----|--|--|--|
| Request for Special Dietary Accommodations (only if needed)  | OSPI CNS October 2017         | Yes |  |  |  |
| Fluid Milk Substitution (only if needed)   | OSPI/Child Nutrition Services | Yes |  |  |  |
| CACFP Enrollment Form (only if enrollment is being completed in current program year (August-June) do not complete if doing enrollments for Fall of the next year. | OSPI CNS (Rev. 7/22)          | Yes |  |  |  |

**The following items must be completed with families until after they have had a Parent Orientation and received a Parent Handbook and be completed before 1st day of Service.**

| Enrollment Items that need to be completed Before 1st day of service - Right Pocket *To also be uploaded to ChildPlus |               |     |  |  |  |
|---|---------------|-----|--|--|--|
| Enrollment Agreement  | Enrollment 37 | Yes |  |  |  |
| Permission Form   | Enrollment 37 | Yes |  |  |  |
| Video Recording Acknowledgement Form  | Enrollment 37 | Yes |  |  |  |

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| Item                                     | Form #        | Parent Signature Required | In File | N/A | Notes: |
|--|---------------|---------------------------|---------|-----|--------|
| Code of Conduct for Parents and Visitors | Enrollment 37 | Yes                       |         |     |        |
| Hatch Tablet Letter                      | Enrollment 37 | No                        |         |     |        |
| Acceptance Letter                        | Enrollment 37 | Yes                       |         |     |        |