

EHS Online Enrollment Form Checklist



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			
ERSEA - Left Pocket *To also be uploaded to ChildPlus					
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 Printout	Yes			
Income Story	ChildPlus Printout	Yes			
Income Calculation Worksheet A or B	Enrollment 8 or 9	No			
Proof of income	Copies of Proof	No			
Self-Declaration of family income	Enrollment 12	Yes			
Statement of no income	Enrollment 13	Yes			
WA Title 1 Migrant Education Program	Enrollment 22	Yes			
Over Income Special Needs Referral	Enrollment 14	No			
Applicant of a Staff Person Referral	Enrollment 7	No			
Emergency Information Form	Child File 9	Yes			
Picture of Parent/Guardian ID	Copy	No			
Legal Documents	Copy	No			
IFSP/IEP	Copy	No			
Consent to Release or Exchange Information for IFSP/IEP	Child File 15	Yes			
Health Dental Nutrition - Right Pocket					
Initial Health History	Print	No			
Medical/Dental Home	HDN 4	No			
Medical Insurance Card	Copy	No			
Nutrition Assessment Infant/Toddler	Printout on ChildPlus	No			

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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			
Consent to Release or Exchange Information For Last Health/Nutrition/And 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			
Prenatal - Right Pocket					
Proof of Pregnancy	Copy				
Medical/Dental Home	HDN 4				
Medical Insurance Card	Copy				
Prenatal History	EHS 3				
Nutrition Assessment for Pregnant Women	EHS 1				
Prenatal Needs Assessment	EHS 2				
Prenatal Exams	Copy				
Dental Exams	Copy				

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			
Code of Conduct for Parents and Visitors	Enrollment 37	Yes			
Hatch Tablet Letter	Enrollment 37	No			
Acceptance Letter	Enrollment 37	Yes			
Health Items that need to be completed Before 1st day of service - Left Pocket					
Health Status Determination	HDN 36	No			
Nutrition Assessment For Preschool	HDN 21	No			
Health History Update Form	HDN 2	No			

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Item	Form #	Parent Signature Required	In File	N/A	Notes:
CACFP Enrollment Form	OSPI CNS (Rev. 5/18)	Yes			
Toileting Action Plan	Child Dev. 4	Yes			