



Children's Files Review Chart

Child Development Home

Provider Name: _____

Date: _____

Child's First Name & Month/Year of Birth (Fill out for all children enrolled)	(sample) Jonnie 8/05								
Enrollment Form (Child's name, birth date, parent's name(s), address, telephone #, special needs of the child, parent's work address & phone #) Emergency Info (Where parent(s) can be reached, name, address, city & phone # of child's regular doctor, name, telephone # and relationship to the child of another adult available in case of emergency) Authorized List of Who Can Pick Up Each Child (Name, telephone number and relationship to child)	date parent signed								
Signed Medical Consent (Emergency treatment authorization)	date parent signed								
Infant/Toddler/Pre-school Health Exam Form* (Past health history, status of present health, allergies/restrictive conditions & recommendations for continued care when necessary)	date Dr. signed								
School-age Health Status**	date parent OR Dr. signed								
Immunization Record***	date Dr. signed								
Transportation	date parent signed								

*Date of the exam is within 12 months of enrollment and updated annually.

**Most recent since date of school enrollment, along with information from parent updated annually.

***For school-age children, the most recent record since school enrollment is acceptable.