



CEC CHECKLIST

Please checkmark, complete and return ALL required forms to the CEC office.

- ___ Emergency Information Card
- ___ Physician Report (State Req)
- ___ ID & Emergency Information (State Req)
- ___ Child's Health History (State Req)
- ___ Immunization Record (State Req)
- ___ Consent for Emergency Treatment (State Req)
- ___ Notification of Parents' Rights (State Req)
- ___ Personal Rights (State Req)
- ___ Classroom Contact Information Form
- ___ Emergency Kit (State Req) / Fob Fee \$26.00
- ___ Admissions Agreement (can be obtained from CEC office)

Office use only:

Date completed: _____ Special Note: _____

Signature: _____

Renewal Forms (August):

Admission Agreement: Date _____ Date _____ Date _____ Date _____

Emergency Form: Date _____ Date _____ Date _____ Date _____

Classroom Contact Info: Date _____ Date _____ Date _____ Date _____