



# Child's File Checklist

Thank you for choosing Bells Ferry Learning Center for your child. We are required by state and federal regulations to maintain files on each child at our center that include the following documents. We appreciate your help in completing our file.

*Gracias por escoger Bells Ferry Learning Center para el cuidado de su niño. Se nos requiere por el estado y regulaciones federales mantener los registros de cada niño compete. En nuestro centro apreciamos que nos ayude para completar el registro.*

Child's Name (Nombre del niño): \_\_\_\_\_

- Pre-School/Child Care Immunization Certificate - form 3231  
*Certificado de vacunas – forma 3231*
- USDA Food Program Income Statement  
*Informar por escrito los ingresos papa el programa de comidas USDA (le entregaremos una forma para esto)*
- Enrollment Form (*forma de matricula escolar*)
- Child Profile (*información del niño en general*)

***In addition to the above, PRE-K Students must provide:***

- Birth Certificate (*Certificado de nacimiento*)
- Social Security Card (*copia de la tarjeta del Seguro Social*)
- Certificate of Ear, Eye and Dental Exam – DHR form 3300  
*(Certificado de examen de oidos de ojos y dental (Forma #3300 del departamento de salud)*
- Proof of Residency in the State of Georgia (*la prueba de residencia en el estado de Georgia*)  
\_\_\_ Lease \_\_\_ Vehicle Registration \_\_\_ Utility Bill (Not cell phone) \_\_\_ Letter from Shelter
- Documentation of any state or Federal assistance (Medicaid, Food Stamps, etc.)  
*La copia de documentación de cualquier estado o ayuda Federal (Medicaid, Estampillas de Comida PeachCare, TANF)*

**For Office Use Only:**

Initial:

- Forms are all complete (check signatures, income statement, etc.) \_\_\_\_\_
- Complete file is entered in computer (including emergency contacts, etc.) \_\_\_\_\_
- Copy of emergency form put into transportation log (if applicable) \_\_\_\_\_
- Billing box is complete/DFCS ledger set up if applicable \_\_\_\_\_
- Information sheet printed for emergency binder \_\_\_\_\_
- Child added to CACFP roster \_\_\_\_\_
- Teacher advised of new enrollment (child profile provided) \_\_\_\_\_
- Allergies added to allergy list (if applicable) \_\_\_\_\_
- Enter the Child Information in ProCare \_\_\_\_\_
- Enter the Child Information in CRM \_\_\_\_\_