

North Campus 11380 N.W. 27th Avenue, Building 600

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ENROLLMENT APPLICATION 2021 / 2022 Check List

| Child's Legal Name: |
|---------------------|
| |

| Please check | Required Items | Note | Received By Staff Initials | Date Received |
|-----------------|---|------------------------------------|-------------------------------|---------------|
| | Enrollment Contract | | | |
| | Copy of Birth Certificate | To be provided by guardian | | |
| | Immunization Record (Blue or white) | Obtain this from the pediatrician. | | |
| | Health Exam Record (Yellow) | Obtain this from the pediatrician. | | |
| | Diet/Allergy Restrictions | | | |
| | Emergency/ Data Card | | | |
| | Acknowledgement & Permission Releases | | | |
| | Discipline Policy | | | |
| | Media Consent Form | | | |
| | Child Care Food Program Free and Reduced-Price Meal Application | | | |
| | Medical Statement for Meal Modifications | | | |
| | Infant Feeding Form | | | |
| | Influenza Guide- Signature | | | |
| | Distracted Adult -Signature | | | |
| | Know Your Child Care Facility Brochure | | | |
| | Gold Seal Quality Program | For your records | | |
| | Rilya Wilson Act | For your records | | |
| | Distracted Adult-Signature | | | |
| | ASQ Consent Form/CDS Consent Form/Questionnaire | | | |
| | MDC/DCPS/State/Federal/County Staff ID | If applicable | | |
| | MDC Student ID (Six Credits or more) | If applicable | | |
| | MDC Student Validated Schedule | If applicable | | |
| | Copy of Parent/Guardian State I.D. or Driver's License | To be provided by guardian | | |