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CHILD'S FILE CHECKLIST

Child's Name: _____ Enrollment Date: _____

- Enrollment Form #1 or its equivalent with: **child's date of birth / date of enrollment / parent signature/ Email/media release**
- Password
- Tuition Agreement
- Student Profile
- Authorization for Emergency Medical Treatment (notarized)
- Accident/ Incident reports #4 (if applicable)
- Authorization for Medication #5 (if applicable)
- Discipline-Nutrition- Food-Animal Encounter Policy-
- Influenza Virus Brochure (signed annually in August/September)
- Swim Central signed statement (with date faxed/copy mailed)
- Immunization record #680. Expiration Date: _____
**** Must have expitration date and signature/ Stamp to be valid**
- Statement of Good Health #3040 **** Statement is good for two (2) years**
- Health Report
- Know Your Child Care Facility Brochure **** Signed statement that parent has received pamphlets**
- Field Trip Permission Form (if applicable)
- Parent Handbook
- Parent Statement of understanding
- Child Care Food Program (Free)
- Policies
- File Access Authorization
- Covid-19 Waiver

