

**CHILD DEVELOPMENT CENTER
PARENT ORIENTATION CHECKLIST**

Child's Name: _____ Age: _____ Room: _____

Start Date: _____ Fee Category: _____

Sponsor Initial: (Items on right side of packet)

- _____ Welcome Letter
- _____ Childcare Permanent Record (AF Form 1181) and Instructions
- _____ Family Member programs Flight Autopay Authorization From Family Agreement
- _____ Childcare Fees (DD Form 2652)
- _____ Child Health Assessment Form **(To be completed by Physician within 30 days)**
- _____ Annual Topical Ointment Consent Form
- _____ Allergy Room Post Consent Form
- _____ Media/ Photography Release Consent Form
- _____ General Talent Release
- _____ USDA Childcare Food Program Meal Benefit Form:
(*We are an equal opportunity employer)
- _____ Military and Family Consultant Authorization Form
- _____ CDC Clothing and Supply Policy
- _____ Infant Formula Consent Form

Sponsor Initial: (Items on left side of packet to review and keep at home)

- _____ PAB Brochure
- _____ Parent Handbook
- _____ CYP Programs Mission Statement
- _____ Program Philosophy and Goals
- _____ Program Curriculum/ NAEYC Accredited
- _____ Guidance Policy
- _____ Earthquake Survival List for Infant/Pre-Toddler/Toddler/Preschool
- _____ Rental Agreement
- _____ Child Health Assessment Form Information
- _____ Mutual Plan to Stop Behavioral Issues Information

Needed From Sponsor:

- _____ Child(ren)'s Copy of Shot Records
(If in flu season and child is 6 months of age he/she must receive vaccine)
- _____ Special Power of Attorney (if applicable ex. deployed sponsors)
- _____ Copy of Sponsor's and Spouse's most recent paystub, orders and/ or school schedule (if applicable).