



## Parent Orientation Checklist

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Classroom: \_\_\_\_\_

Start Date: \_\_\_\_\_ Fee Category: \_\_\_\_\_

**Initial on the line:** (Forms issued on the **RIGHT SIDE** of Enrollment Packet Folder)

\_\_\_\_\_ Welcome Letter

\_\_\_\_\_ LAAFB Child Care Agreement Fiscal year \_\_\_\_\_

\_\_\_\_\_ Childcare Permanent Record (AF Form 1181) and Instructions

\_\_\_\_\_ Family Member Programs Flight Auto Pay Authorization Credit Card Form

\_\_\_\_\_ Childcare Fees (AF Form 2652)

\_\_\_\_\_ Child Health Assessment Form (\*\*Required Annually for Allergy/ Special Needs)

\_\_\_\_\_ USDA Child Care Food Program Meal Benefit Packet:

- Informational Letter
- Fiscal Year \_\_\_\_\_ Survey Packet

\_\_\_\_\_ Military and Family Consultant Authorization Form

\_\_\_\_\_ Earthquake List (Infant/ Pre-Toddler/Toddler/Preschool)

\*\*each child **MUST** have an earthquake kit at the time of enrollment.

**Initial on the line:** (\*\*Information regarding the facility is located on the **LEFT SIDE** of the Enrollment Packet Folder and can remain in your possession.)

\_\_\_\_\_ CYP Mission Statement

\_\_\_\_\_ Program Philosophy and Goals

\_\_\_\_\_ Information Packet on the Center's Curriculum

\_\_\_\_\_ Guidance Policy

### **Documentation provided by Sponsor/ Guardian:**

- Copy of the child(ren)'s immunization records  
\*\*The flu vaccine must be annotated on the record if in season. It is a requirement for children 6 months of age
- Special Power of Attorney  
\*\*If applicable: Deployed sponsor/ legal guardianship

**\*\*By initialing on the designated lines you are confirming you have read and signed all documents provided regarding policy and procedures.**