



Little Angels Learning Academy

A Division of the Education Institute, Inc.

801 Fountain
Republic, MO 65738

Phone: #417-883-3100 * FAX: #417-886-3350
E-mail: rawoodhumiston@littleangelslearningacademy.com

FOLDER CONTENTS CHECKLIST

Child's Name: _____ Date of Enrollment: _____

Class Placement: _____ Folder Reviewed by Director: _____
Folder Reviewed by CEO: _____

_____ Child Enrollment Form

_____ Admission Dates and Information Completed in Full

_____ Form Completed in Full (check all addresses, boxes, phone numbers, Dr. info, etc.)

_____ Infant/Toddler Special Instructions Form Completed in Full w/ Signatures and Dates

_____ Medical Form

_____ Physical Completed by Doctor (not required for school-age children)

_____ Immunizations Up-to-Date (DUE ON FIRST DATE OF ATTENDANCE)

_____ Special Instructions from Doctor for Medication and/or Medical Treatment (*must be on doctor's letterhead addressed to Little Angels Learning Academy*)

_____ Special Instructions from Parent/Guardian for Medication

_____ Child Food Program

_____ Enrollment Form (ALL CHILDREN) _____ Kitchen Sent Reports (Date: _____)

_____ Parent/Guardian Eligibility Form

_____ Infant Formula Preference Form

_____ Publicity Permission Form

_____ Little Angels Learning Academy Contract (Copy given to Parent/Guardian on (date): _____)

_____ Parent Policy and Procedure Handbook Review Form

_____ Family/Caregiver Survey

_____ Appropriate Court Papers (as applicable)

_____ Teacher received copies of pertinent documents (medication authorization, enrollment forms, family survey)

_____ Tuition Express Documents Received

_____ Data input into ProCare Program

"A Prestigious Program of Excellence with Storybook Beginnings."

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