

# Christ Church Children's Center

## 2017-18 School Forms Packet

Child's Name: \_\_\_\_\_ Child's D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Emergency & Medical Care Consent Form**
- Transportation Plan & Authorization for Pick-up**
- Release Form**
- Developmental History**
- Tooth Brushing Procedure and Permission Slip**
- Physical Form** from your child's pediatrician showing evidence of a physical exam within the last 12 months. Note: If your child's physician does not have a form, please contact us and we can provide you with one for your doctor to fill out.
- Proof of Immunizations**
- Proof of Lead Test**
- Photo of your child**
  
- My child has an allergy that requires that an Epi-pen be on site at all times.**