



Little Angels Learning Academy

A Division of the Education Institute, Inc.

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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
- _____ Cot Signature (children 1-2 years)
- _____ Medical Forms
- _____ 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 _____ Other Special Needs
- _____ Child Custody Papers as applicable
- _____ Child Food Program
- _____ Enrollment Form (ALL CHILDREN)
- _____ Parent/Guardian Eligibility Form
- _____ Infant Formula Preference Form
- _____ Publicity Permission Form _____ Little Angels Learning Academy Contract
- _____ Parent Policy and Procedure Handbook Review Form
- _____ Family/Caregiver Survey _____ Copy of Driver's License
- _____ Appropriate Court Papers (as applicable) _____ Stretch-N-Grow Forms
- _____ Teacher received copies of pertinent documents (medication authorization, enrollment forms, family survey)
- _____ Tuition Express Documents Received _____ TE input into ProCare
- _____ Data/Parents input into ProCare Program _____ Security Camera Number
- _____ Gymnastics Form Field Trip Notice and Release Form _____ Camera Instructions to Parents
- _____ Portfolio, T-shirt, book, and backpack to teacher _____ Sign in/out Form

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