

Community Action Team, Inc.
CHILD & FAMILY DEVELOPMENT PROGRAMS
 Family Orientation Checklist

Child's Name: _____ Parent Name: _____

County: _____

Forms	Required Forms	(v) Completed
1-20	Confidentiality Form	
2-27a	Child Guidance Policy	
2-28	General Permission	
2-53	My TS Invitation (Assist parent account set-up)	
	Ready Rosie (Assist parent account set-up)	
3-9	Health Services Policy	
3-11	Emergency Form	
3-44	Health History	
5-1a	Social Media Agreement and Photo/Video Consent	
Program Parent Handbook reviewed with families		
Immunizations (at least one dose in each required area) or signed exemption		
3-46/3-48	Medical and Allergy Forms (if needed)	

*This form is to ensure that all required enrollment documentation is completed prior to entry (first day of class) and placed in the social service file. Reference Procedure 5-13.

Policy Council flyer/information was shared with family ☐ Yes ☐ No

Staff verifying completion: _____ Date: _____