



Name of Child: _____

Child File Requirements (Check when verified) . Send a copy to the Agency Consultant!

- Parent Contract page complete
 - Scheduled Attendance days noted
 - Start day listed
 - Fee listed
 - Parent Signature
- Permission slips signed
 - Permissions include: Consent for treatment, participate in off site field trips and outings, to walk between school and the FHCC home if applicable
 - Initialing that confirmation that the Parent Handbook was received. *(Which contains Behaviour Guidance and Family communication plan as an appendix)*
- Section 1 Basic Information complete
 - Child's name , DOB, parents names, home address, phone numbers, emails, emergency contacts, authorized pick up
- Section 2 Child health and Medical information complete
 - Physician's Name, Address, Phone Number
 - Medications, special requirements, allergies, restrictions
 - Immunizations attached
 - OR Waiver filled out
- Section 3 Development History complete
 - Child habits, activities, fears, routine info
- Medication Permission Form (if medication is required to be given)
- Progress Reports (excluding school age children)
- Notable and Serious Incident Reports (if applicable)
- Withdrawal date & reason (only when child withdraws)

Date file Completed: _____

Signature: _____