

Family File Monitoring Form

CENTER _____

DATE _____

Childs Initials										
Checklist										
DCF Enrollment Form										
Physical										
Shot Record										
Medical Authorization										
Hmg, Lead, BP Results										
Permission H/W...										
H/V Results										
Disciplinary form										
Perm. Food Related Activities										
Distracted Adult (april)										
Distracted Adult (sept)										
Influenza form										
Confidentiality Form										
Reapplication (if applicable)										
Criteria Form										
ERSEA										
Childs Application										
Applicant Interview										
Proof of Birth/Age										
Proof of Income										
HS Eligibility Verification Form										
Acceptance Letter										
3 rd Party Contact (if applicable)										
Emergency Info/Release										
Arrival/departure Policy										
Attendance Expectations										
Transportation Agreement (HS)										
Field Trip Agreement (HS)										
Tracking Form										
Family Goal Form										
Journal Notes										
Family Partnership Agreement										
Need Assessment										
Consent to Release Info.										
Dental Exam/Follow up										
Health Record										
Nutrition History										
Consent to Brush teeth										
Getting to Know You Survey										
Perm. For Mental Health										
Confirmation of Receipt										

**Instructions: If the items above are in the file and complete, place a check mark in the box.
Submit this form along with your monitoring form.**