

Shasta Head Start  
Enrollment Information Needed

Child's Name: \_\_\_\_\_

Parent(s) \_\_\_\_\_ Phone # \_\_\_\_\_

**ITEMS NEEDED FOR ENROLLMENT**

\_\_\_\_\_ Physical/CHDP (within the last year)

\_\_\_\_\_ HCT/HGB (within the last year)

\_\_\_\_\_ Blood Lead Test

\_\_\_\_\_ Current Immunizations

\_\_\_\_\_ Dental Exam

\_\_\_\_\_ Proof of Health Insurance

\_\_\_\_\_ Allergy or Medication Information

\_\_\_\_\_ IEP/Court Papers (Custody, Restraining Order, etc.)

Notes : \_\_\_\_\_

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