

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 : _____
