



CHILED A PRE-ENROLLMENT CHECKLIST day student

Please be sure to send completed materials at least one week prior to the pre-enrollment meeting.

Please email information to Terryk@chileda.org.

You may also fax (608-782-6481) or mail attention Admissions.

<i>Pre-Enrollment Requirements</i>		<i>Date Received</i>
The following documents are required for enrollment to occur.		
<input type="checkbox"/>	Pre-enrollment Application	
	Chileda Consents <input type="checkbox"/> Emergency Medical Consent <input type="checkbox"/> Off campus medicaitons <input type="checkbox"/> Day school program medication procedures consent form <input type="checkbox"/> As needed medication day school medication form <input type="checkbox"/> Day school illness, absenteeism and emergency medical policy <input type="checkbox"/> Chileda parent communication form <input type="checkbox"/> Personal property and electronics policy <input type="checkbox"/> Verification of receiving statement of resident's rights <input type="checkbox"/> Behavioral support consent form <input type="checkbox"/> Parental consent form <input type="checkbox"/> Visiting your child at Chileda <input type="checkbox"/> Photo release for education and treatment specific to my child <input type="checkbox"/> Sound recording release for music therapy and treatment specific to my child <input type="checkbox"/> Art work release consent form <input type="checkbox"/> Release of information	
<input type="checkbox"/>	Immunization record	
<input type="checkbox"/>	Residential funding/billing information	
<input type="checkbox"/>	Recent photo	
<input type="checkbox"/>	Contract and funding confirmation from the Department of Social Services or other funding agent	