

# Kindergarten ENROLLMENT CHECKLIST

\_\_\_\_\_ **Registration form (Home Language Survey included)**

\_\_\_\_\_ **Emergency Card**

\_\_\_\_\_ **Physician's Report** to include complete health history, physical and dental exam, vision and hearing screening, and urine, blood and tuberculosis screenings

\_\_\_\_\_ **Parent Survey**

\_\_\_\_\_ **Birth Certificate**

\_\_\_\_\_ **Immunization Records:**

\_\_\_\_\_ **Polio (4 doses)**

\_\_\_\_\_ **DTP (5 doses)**

\_\_\_\_\_ **MMR (2 doses)**

\_\_\_\_\_ **Hepatitis B (3 doses - 1st dose administered prior to school entry)**

\_\_\_\_\_ **Varicella (1 dose after 1st birthday or certification of immunity by physician)**