



Oakridge Early Education Center
ENROLLMENT CHECKLIST

Start Date _____/_____/_____

Assigned Classroom _____

Child's Name: _____ D.O.B: _____ Age _____

Parent's Names: _____

Address: _____

E-mail Address: Mom _____

E-mail Address: Dad _____

Cell Phone: _____ Cell Phone: _____

Schedule: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Below to be completed by Oakridge Early Education Center staff only

Enrollment Fees:

Registration Fee \$ _____

Security Deposit Fee \$ _____

Payment Date/Method _____

Payment Date/Method _____

Tuition/Co-pay Amount \$ _____

(Weekly) (Bi-Weekly) (Monthly)

Payments Starting: _____

Discount/Type: _____

Purchase of Care Voucher Amount: _____

Program: _____

OCC State Required Forms:

Emergency Card: _____

Health Inventory: _____

Immunization Record: _____

Student Discipline: _____

O.C.C. Form: _____

Medication Administration Forms:

Sunscreen: _____

Neosporin: _____

Oakridge Early Education Center Forms:

Child Profile: _____

Media Consent: _____

Sleeping Mat Consent: _____

Financial Agreement: _____

Tuition Express Authorization: _____

Copy of Parents License: _____

Kid-Fit Waiver: _____

Kid-Fit/Yo Hablo Espanol Photo Release: _____

Take Home Forms:

Welcome Packet: _____

Parent Handbook _____