

REGISTRATION FORMS AND INTAKE

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|---|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> Child Developmental History |
| <input type="checkbox"/> Release/Tx authorization | <input type="checkbox"/> Disability *
<input type="checkbox"/> Suspected <input type="checkbox"/> Diagnosed |
| <input type="checkbox"/> Agreement Form | <input type="checkbox"/> Special accommodations* |
| <input type="checkbox"/> Income Statement | <input type="checkbox"/> Nutrition concern/allergy* |
| <input type="checkbox"/> EF (E) or E/IEA (O, F, P) | <input type="checkbox"/> Health concern* |
| <input type="checkbox"/> Financial Agreement (full day) | <input type="checkbox"/> Restraining/protection order* |
| <input type="checkbox"/> CIS – Immunizations | <input type="checkbox"/> Parenting plan |
| <input type="checkbox"/> Health, Dental, Diet History | <input type="checkbox"/> FSPA/Goals |
| <input type="checkbox"/> Well-child Exam/Hct | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Dental Exam | |

*** DST case management is required before attendance begins.**

Child _____

DOB _____/_____/_____

Parent _____

DST _____

Site/class _____

STATUS

Returning Transitioning

Transferring New

Sibling(s) _____

Family _____

SCHEDULED

Home visit date _____/_____/_____

Enrollment date _____/_____/_____

HANDOUTS OR RESOURCES GIVEN

- | | | |
|---|--|---|
| <input type="checkbox"/> Community Resource Directory | <input type="checkbox"/> Notice of Privacy Practices | <input type="checkbox"/> WIC information |
| <input type="checkbox"/> Parent Handbook | <input type="checkbox"/> USDA | <input type="checkbox"/> Fluoride education |
| <input type="checkbox"/> Lead handout | <input type="checkbox"/> Other (list) _____ | |

Child name:			Site/class:
Date Month/Day/ Year	Contact Code	Referral Close Date	Topic: DST Family Documentation

<p>CONTACT CODES PC = Parent contact CC = Community contact DST = Direct Service Team contact R = Referral F/U = Follow up (to referrals)</p>	<p>POSSIBLE TOPIC WORDS Registration Attendance Housing Cs. Mgt. Home visit Employment Health Parent conf. Legal Dental Education Immunizations Nutrition Mental health IEP</p>	<p>DOCUMENTATION ABBREVIATIONS P/C = Phone call DE = Dental exam HV = Home visit PE = Physical exam Ref = Referral Appt = Appointment F/U = Follow up W/ = With</p>
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