CENTER FILE CHECK-LIST

CENTER _____ Class____ Currently Enrolled _____ #Dropped ____

Count number of records (include both current/drop enrollees): _____

Checked by: _____ Date 1: _____ Date 2: _____ Date 3: _____

Child's Name	Application	Emergency Form	Gen. Perm.	Conf. Permsn	Health History	Gen. Health A	Gen. Health B	Immunization	Physical A	Physical B	Med/Dent Permsn	Dental Form	ON-SITE	LAP	LAP SCRN	FLUHARTY	M.Hlth/P.I.Frm	Home Visit 1	Home Visit 2	Mid Yr H Visit	First Conf	EOY Conference				