

MSHS Online Enrollment Form Checklist



Last, First Middle Name: _____

Name of staff completing enrollment: _____

* Place forms in a two pocket folder. Forms should be filed in the same order as they appear on the checklist. ERSEA and Education forms are to be filed in the left-hand pocket. The health forms are to be filed in the right-hand pocket.

| Item | Form # | Parent Signature Required | In File | N/A | Notes: |
|--|--------------------------------|---------------------------|---------|-----|--------|
| Enrollment Cover Sheet * Stapled to the front of the two pocket folder | Enrollment 35 | No | | | |
| ERSEA - Left Pocket *To also be uploaded to ChildPlus | | | | | |
| Enrollment Form Checklist | Enrollment 36 | No | | | |
| Basic Information Form/Eligibility Comment Sheet | Enrollment 1 | No | | | |
| Getting to Know My Child | ChildPlus Printout | Yes | | | |
| ERSEA Checklist | Enrollment 3 | No | | | |
| Enrollment Verification Checklist | Enrollment 4 | No | | | |
| Birth Certificate (Copy) | Copy | No | | | |
| ChildPlus Online Applications (Family Information, Income & Contacts), (Applicant & Family Member Information), (Applicant Eligibility & Enrollment Information, Eligibility Criteria), and (Eligibility Verification) | ChildPlus Printout | Yes | | | |
| Income Story | ChildPlus Printout | Yes | | | |
| Income Calculation Worksheet A or B (only as needed) | Enrollment 8 or 9 | No | | | |
| Proof of income | Copies of Proof | No | | | |
| Self-Declaration of family income | Enrollment 12 | Yes | | | |
| Statement of no income | Enrollment 13 | Yes | | | |
| Migrant/Seasonal Verification | ChildPlus Application Printout | No | | | |
| Copies to prove migrant move | Copy | No | | | |
| WA Title 1 Migrant Education Program Form | Enrollment 22 | Yes | | | |
| Over Income Special Needs Referral | Enrollment 14 | No | | | |
| Applicant of a Staff Person Referral | Enrollment 7 | No | | | |
| Emergency Information Form | Child File 9 | Yes | | | |
| Picture of Parent/Guardian ID | Copy | No | | | |
| Legal Documents | Copy | No | | | |
| IFSP/IEP | Copy | No | | | |
| Consent to Release or Exchange Information for IFSP/IEP | Child File 15 | Yes | | | |
| Health Dental Nutrition - Right Pocket | | | | | |

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| Item | Form # | Parent Signature Required | In File | N/A | Notes: |
|--|-------------------|---|---------|-----|--------|
| Initial Health History | HDN 20 | No | | | |
| Medical/Dental Home | HDN 4 | No | | | |
| Medical Insurance Card | Copy | No | | | |
| Certificate of Immunization Status (CIS) | Print out | only for CIS which Status = Conditional Immunization Status | | | |
| Immunizations – WAIS Vaccine Summary | Print out | No | | | |
| Other Immunization Information | Print out or Copy | No | | | |
| Notice of Child’s Conditional Immunization Status | Print out | No | | | |
| Notice of Exclusion for Immunization Non-compliance | Print out | No | | | |
| Immunization Certificate of exemption (only if needed) | Print out | No | | | |
| Well Child Exam | Copy | No | | | |
| Dental Exam | Copy | No | | | |
| Health Care Plan (only if needed) | HDN 14 | Yes | | | |
| Medical Alert (only if needed) | HDN 42 | Yes | | | |
| Consent to Release or Exchange Information For any Health/Nutrition/Dental | Child File 15 | Yes | | | |

USDA - Right Pocket

| | | | | | |
|---|-------------------------------|-----|--|--|--|
| Request for Special Dietary Accommodations (only if needed) | OSPI CNS October 2017 | Yes | | | |
| Fluid Milk Substitution (only if needed) | OSPI/Child Nutrition Services | Yes | | | |

Enrollment Items that need to be completed Before 1st day of service - Right Pocket *To also be uploaded to ChildPlus

| | | | | | |
|--|---------------|-----|--|--|--|
| Enrollment Agreement | Enrollment 37 | Yes | | | |
| Permission Form | Enrollment 37 | Yes | | | |
| Video Recording Acknowledgement Form | Enrollment 37 | Yes | | | |
| Code of Conduct for Parents and Visitors | Enrollment 37 | Yes | | | |
| Hatch Tablet Agreement | Enrollment 37 | Yes | | | |
| Acceptance Letter | Enrollment 37 | Yes | | | |

Health Items that need to be completed Before 1st day of service - Left Pocket

| | | | | | |
|------------------------------------|----------------------|-----|--|--|--|
| Health Status Determination | HDN 36 | No | | | |
| Nutrition Assessment For Preschool | HDN 21 | No | | | |
| Health History Update Form | HDN 2 | No | | | |
| CACFP Enrollment Form | OSPI CNS (Rev. 5/18) | Yes | | | |
| Toileting Action Plan | Child Dev. 4 | Yes | | | |