

ENROLLMENT CHANGE
(Withdrawal - Drops - Transfers - Re-enrollments)

Unit: _____

Date: _____

Child's Name: _____ (first and last name)

Parent/Guardian Name: _____ (first and last name)

Screenings/Exams Completed:

Developmental _____

Vision _____

Hearing _____

Dental _____

Physical _____

Date of 1st Home Visit: _____

No Home Visit: _____

Date of 1st Center/Combo Day: _____

No Center/Combo day: _____

Withdraw (no services): _____

Put back on Wait List: _____

Unit: _____

Drop: _____

Drop reason: _____

Would like to transfer/re-enroll to: _____

(unit location)

New address (if known): _____

Phone #: _____

Phone #: _____

Area Manager Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Staff Signature: _____

Date: _____