bloomin' preschools

Great Start Readiness Program
Michigan's Nationally Recognized Pre-K Program

Date Reviewed	Initials	Date Reviewed	Initials

Child's Name: _____ **Date:**_____
LAST name, FIRST name

MUST turn in at time of registration or check and initial yearly:

- ☐ **Birth Certificate**
- ☐ **Class List Publication**
- ☐ **Communications Release** ☐ District-Opt Out ☐ BP Form
- ☐ **C-19 Health Screener Form**
- ☐ **Driver's License**
- ☐ **Emergency Card**
  - ☐ **File copy** (date: ____) (date: ____) (date: ____) (date: ____) (date: ____) (date: ____)
- ☐ **Income – proof**
- ☐ **Lunch Form – Free & Reduced form** (available in July)
- ☐ **Registration Form/Confirmation page**
  - ☐ **File copy** (date: ____) (date: ____) (date: ____) (date: ____) (date: ____) (date: ____)
- ☐ **Student Enrollment Form**

New enrollees MUST be turned in by August 1:

- ☐ **Health Form** (exp date: ____)
  (2 ½-5 yr olds: Health forms are good for two years from date of exam)
- ☐ **Immunization Record** (print date: ____) (print date: ____) (print date: ____)

Optional:

- ☐ **EFT** (credit card authorization on file – electronic funds transfer)
- ☐ **Before/After Care Form**
- ☐ _____

Updated May 2021