

# Full of Wonder

April Fender  
2041 Trinity Street, San Mateo, CA 94403  
(650) 349 – 2772

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

## STARTER PACKET CHECKLIST FOR PARENTS

The following forms must be completed and submitted to FOW prior to your child's start date.

- \_\_\_\_\_ Identification & Emergency Form
- \_\_\_\_\_ Parent's Rights Notice
- \_\_\_\_\_ Immunization Record (Submit copy from your physician)
- \_\_\_\_\_ Consent for Medical Treatment
- \_\_\_\_\_ FOW School Aged Children Notice
- \_\_\_\_\_ Disaster / Earthquake Information
- \_\_\_\_\_ FOW Policy Statement and Receipt Form
  - \*Child Sexual Abuse Awareness
  - \*Family Day Care Pamphlet: Parent Responsibilities
- \_\_\_\_\_ FOW Contract
- \_\_\_\_\_ FOW Shared Information Release Form
  - \*Roster
  - \*Picture Release Form

### Parent Information

- \_\_\_\_\_ FOW Notification of Pets
- \_\_\_\_\_ FOW Sunscreen Reminder
- \_\_\_\_\_ FOW Calendar of Holidays
- \_\_\_\_\_ FOW Family Picture Board Request Form
- \_\_\_\_\_ FOW Birthday Celebrations
- \_\_\_\_\_ FOW Parking
- \_\_\_\_\_ Caregiver Background Check