



# Nur Islamic School of Louisville Early Childhood Center ENROLLMENT CHECKLIST

The following information is needed for each student at the time of registration. Please return completed forms to the office.

## GENERAL DOCUMENTATION

- Registration Form – Must be completely filled out and signed.
- Birth Certificate – State law requires a copy on file.
- Social Security Number – Copy of the card requested.
- Parent’s Valid Driver’s License – State law requires a copy on file from the adult enrolling the student.
- Social Resume – Must be completely filled out.

## HEALTH DOCUMENTATION

- Kentucky Immunization Certificate (see left) – Must have a current date.
- Student Health Record Form – Must be completely filled out.

## OTHER DOCUMENTATION

- Tuition Contract – Must be completely filled out and signed.
- Handbook Agreement – Must be dated and signed.

## THE FOLLOWING MUST BE RESOLVED DURING ENROLLMENT

- Registration Fees Paid – New students only.
- Material Fees Paid – New and re-enrolling students.
- First Month’s /Week’s Tuition – New and re-enrolling students.
- All Outstanding Balances Paid – Re-enrolling students may not have outstanding balances from the previous academic year (tuition, late pickup fees, materials fees , bounced check fees)

**Early Childhood Center is open year-round except for one day of Eid Al Fitr and three days of Eid Al Adha. The Preschool Program starts September 5<sup>th</sup>.**

COMMONWEALTH OF KENTUCKY  
IMMUNIZATION CERTIFICATE

(Required of each child enrolled in a public or private school, preschool program, day care center, certified family child care home, or other licensed facility which cares for children.)

Name of Child \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

DATES ADMINISTERED (month/day/year)

DIPHTHERIA, TETANUS, PERTUSSIS\* #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_ #5 \_\_\_/\_\_\_/\_\_\_

POLIO VACCINES #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_

MMR (Measles, Mumps, Rubella)\*\* #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ Other \_\_\_/\_\_\_/\_\_\_ Other \_\_\_/\_\_\_/\_\_\_

Hib\*\*\* #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ #4 \_\_\_/\_\_\_/\_\_\_

Hepatitis B\*\*\*\* #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ #3 \_\_\_/\_\_\_/\_\_\_ or #1 \_\_\_/\_\_\_/\_\_\_ #2 \_\_\_/\_\_\_/\_\_\_ (adult dose)

Varicella \*\*\*\*\* #1 \_\_\_/\_\_\_/\_\_\_ or child has had chickenpox disease (X)

\*DTaP, DTP, DT, TD \*\*MMR for one dose, measles-containing for second. \*\*\*Hib not required at age 5 years or more. \*\*\*\* Alternative two dose series of approved adult hepatitis B vaccine for children 11-15 years of age. \*\*\*\*\*Varicella required for children 19 months to 7 years unless a parent, guardian or physician states that the child has had chickenpox disease  
This certificate is current for immunizations until \_\_\_/\_\_\_/\_\_\_ (two weeks after the next shot is due) after which this certificate is no longer valid and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.  
Signature of physician, Health Dept., or their designee \_\_\_\_\_ Date \_\_\_\_\_  
This Certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record. EPID-230 (Rev 8/2002)