



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 the completed forms to the office.

GENERAL DOCUMENTATION (all forms must be completely filled out and signed)

- Registration Form
- CACFP Food Program Forms
- Birth Certificate
- Parent's Valid Driver's License
- Social Resume
- Tuition Contract
- Handbook Agreement
- Student Health Record Form
- Current Kentucky Immunization Certificate (see left)
- Doctor's Note for Any Known Allergies

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 _____
Address _____ (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 child is current for immunizations until ___/___/___ (two weeks after the next shot is due) after which this certificate is no longer valid and a new certificate must be obtained.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)

THE FOLLOWING MUST BE PAID EITHER PRIOR TO OR AT THE TIME OF ENROLLMENT

- Registration Fees Paid
- First Week's Tuition Paid