

**ELKHART AND ST. JOSEPH COUNTIES HEAD START CONSORTIUM
ERSEA CLASSROOM FILE CHECKLIST
2023-2024**

Child's Name: _____ **Enrollment Date:** ___ / ___ / ___

Site: _____ **Session:** AM / PM / Full Day **DOB:** ___ / ___ / ___

Transfer/Dropped Date: ___ / ___ / ___

Site Transferred to: _____ **Session:** AM / PM / Full Day

ERSEA:

- _____ Acceptance Letter
- _____ ChildPlus Application
- _____ Proof of Birth
- _____ General Consent
- _____ Screen Release
- _____ Operation Kid Sight Consent
- _____ Insurance Card