Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Skagway Child Care Council

DBA Little Dippers Learning Center

PO Box 419, Skagway, Alaska 99840

(907) 983-2785

**\_2023\_\_\_\_ Orientation Packet Checklist**

**(year)**

| **Forms** | **Received** |
| --- | --- |
| Application |  |
| First Month Calendar |  |
| Parent Handbook Agreement |  |
| Current Immunization Record |  |
| Religious Exemption Form *(if applicable)* |  |
| Child Release Authorization |  |
| Child Emergency Information |  |
| Field Trip Authorization |  |
| Photo Release Authorization |  |
| Transportation Authorization |  |
| Topical Skin Products Authorization |  |
| Financial Agreement |  |
| AutoPay *(optional)* |  |
| $25 per-child Registration Fee (cash/check\*) |  |
| $150 per-family Deposit (cash/check\*) |  |

\*CHECKS MUST BE MADE OUT TO: **SKAGWAY CHILD CARE COUNCIL**

**(Not Little Dippers)**