

Disenroll:

Transfer:

KEIKI STEPS REGISTRATION REQUIREMENT CHECKLIST

Keiki's Name: _____ Site: _____

- _____ Completed 2010-2011 Registration Form
- _____ Participating Adult TB Clearance (Copy)
- _____ Keiki TB (Copy-Keiki under the age of 2 are EXEMPT)
- _____ Keiki Immunization Form (Copy)
- _____ Hawaiian
- _____ Keiki Birth Certificate
- _____ TANIF
- _____ Parent Survey ___ Pre ___ Post
- _____ ASDQ Screening:
4 ___ 6 ___ 8 ___ 10 ___ 12 ___ 14 ___ 16 ___ 18 ___ 20 ___ 22 ___
24 ___ 27 ___ 30 ___ 33 ___ 36 ___ 42 ___ 48 ___ 54 ___ 60 ___
- _____ ASDQ SE:
6 ___ 12 ___ 18 ___ 24 ___ 30 ___ 36 ___ 48 ___ 60 ___
- _____ PPVT Assessment: _____ Pre _____ Post
- _____ T-Shirt Size: _____
- _____ Book Bag