**ENROLLMENT ACTIVITY SHEET (EAS)**

**Please complete and e-mail to all below staff members**

[**mdavis@promiseearlyeducation.org**](mailto:mdavis@promiseearlyeducation.org)[**nlarocque@promiseearlyeducation.org**](mailto:nlarocque@promiseearlyeducation.org)[**dgarant@promiseearlyeducation.org**](mailto:dgarant@promiseearlyeducation.org)[**dgrimmel@promiseearlyeducation.org**](mailto:dgrimmel@promiseearlyeducation.org)[**awight@promiseearlyeducation.org**](mailto:awight@promiseearlyeducation.org)[**Kward-dulac@promiseearlyeducation.org**](mailto:Kward-dulac@promiseearlyeducation.org)

**rjones@****promiseearlyeducation.org shebert@promiseearlyeducation.org**

**Csmith@promiseearlyeducation.org** [**oscott@promiseeearlyeducation.org**](mailto:oscott@promiseeearlyeducation.org)

Connors EAS must include [Cpratt@lewistonpublicschools.org](mailto:Cpratt@lewistonpublicschools.org) and [Mmiller@lewistonpublicschools.org](mailto:Mmiller@lewistonpublicschools.org)

**Child’s Name**:       **D.O.B**:        **Center**:

**Allergies? Yes No Medical Condition? Yes No**

**Child previously enrolled with Promise Early Education Center  Yes No**

**Maine Care Number Change / New:**

**New Effective date:**

**Dropped Effective date:**

**Private Insurance:**

**Activity:**

**New Enrollment  Date Started:**

**Never Started** **Reason:**

**Pregnant**  **Birth**

**Modified Schedule:**  **Start Time / End Time:** **Days:**       **Approved By**:

**Waiting List For school year:**

**Transfer From:**        **To:**       **Date of transfer:**

**Withdrawn:**  **Effective Date:**          **Reason:**

**Dropped:** **Effective Date:**          **Reason:**

**\*\*Please check that the following have been completed prior to Sending EAS for Transfers or Drops\***

**TSG Observations/ Assessments & Family Conference Forms uploaded to Child Plus**

**ASQ / Brigance 45 day screening uploaded into Child Plus**

**All PIR questions answered in Child Plus**

**Comments:**

**Signed:**       **Job Title:** **Date:**