**ENROLLMENT ACTIVITY SHEET (EAS)**

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

**mdavis@promiseearlyeducation.org****nlarocque@promiseearlyeducation.org****dgarant@promiseearlyeducation.org****dgrimmel@promiseearlyeducation.org****dmoore@promiseearlyeducation.org****Kward-dulac@promiseearlyeducation.org**

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

**oscott@promiseeearlyeducation.org**

Connors EAS must include Cpratt@lewistonpublicschools.org and 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** [x]  **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[ ] **Withdrawn:**  **Effective Date:**          **Reason:**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:**