**ENROLLMENT ACTIVITY SHEET (EAS)**

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

[**mlane@promiseearlyeducation.org**](mailto:mdavis@promiseearlyeducation.org)[**nlarocque@promiseearlyeducation.org**](mailto:nlarocque@promiseearlyeducation.org)[**Cperry@promiseearlyeducation.org**](mailto:Cperry@promiseearlyeducation.org)[**dmoore@promiseearlyeducation.org**](mailto:dmoore@promiseearlyeducation.org)

[**bplourde@promiseearlyeducation.org**](mailto:bplourde@promiseearlyeducation.org)[**Kward-dulac@promiseearlyeducation.org**](mailto:Kward-dulac@promiseearlyeducation.org)

**rjones@****promiseearlyeducation.org shebert@promiseearlyeducation.org** [**oscott@promiseeearlyeducation.org**](mailto:oscott@promiseeearlyeducation.org)[**mredlevske@promiseearlyeducation.org**](mailto:mredlevske@promiseearlyeducation.org)[**R.Schenberger@promiseearlyeducation.org**](mailto:R.Schenberger@promiseearlyeducation.org)

Please include the Site Supervisor for the child’s location

**CHECK BOX IF : This is a FULLDAY Childcare student**

Connors EAS must include [Cpratt@lewistonpublicschools.org](mailto:Cpratt@lewistonpublicschools.org), [Mmiller@lewistonpublicschools.org](mailto:Mmiller@lewistonpublicschools.org) and [Vmartin@lewistonpublicschools.org](mailto:Vmartin@lewistonpublicschools.org), [KKaiser@promiseearlyeducation.org](mailto:KKaiser@promiseearlyeducation.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**

**Add Family to Talking Points: Yes  No Language Preference:** Click or tap here to enter text.

**Parents Name**Click or tap here to enter text. **Phone Number**Click or tap here to enter text.

**Parent Name2**Click or tap here to enter text.**Phone Number**Click or tap here to enter text.

**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:** Click or tap here to enter text.**To:** Click or tap here to enter text. **Date of transfer:** Click or tap here to enter text.

**Withdrawn:**  **Effective Date:**          **Reason:**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:** Click or tap here to enter text.