



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

_____ **Orientation Packet Checklist**
(year)

Forms	Received
Auto Pay (<i>if applicable</i>)	
Child Release Authorization	
Child Emergency Information	
Current Immunization Record	
Field Trip Authorization	
Financial Agreement	
Parent Handbook Agreement	
Photo Release Authorization	
Religious Exemption Form (<i>if applicable</i>)	
S.M.A.R.T. Transportation Authorization	
Topical Skin Products Authorization	
\$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)**