

Childcare Enrollment Application

Parents, to protect and promote the health and safety of your child, please supply a **complete** response to every item on this form. This information is **required** by the Mississippi State Department of Health. If the item is not applicable, then please answer N/A. Please do **not** leave anything blank.

Child's Full Name: _____ (Middle) _____ (Last) _____ (First)
DOB: _____ Home Address: _____
Home/Cell Phone: _____

Mother/Guardian: _____ Father/Guardian: _____

Please check if this parent has primary custody

Please check if this parent has primary custody

Please check if court documentation received

Please check if court documentation received

***If custody is shared by both parents/guardians, the facility will abide by documentation provided on this enrollment application.**

Place of Employment: _____

Place of Employment: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail Address: _____

E-mail Address: _____

List any **special needs** your child may have:

Does your child have any **allergies**? Please list, including food, if necessary: _____

Read and INITIAL the appropriate answer to the following items:

I have been informed that this Daycare Center does NOT provide liability insurance for my child: ____ Yes ____ No

I have been given a copy of and have read the MSDH Regulation Summary for Parents: ____ Yes ____ No

I have been given and have read and understand the facility's Parent Handbook: ____ Yes ____ No

Complete 121 Immunization Compliance Form is on file in the facility before the child attends: ____ Yes ____ No

*******PLEASE CONTINUE ON BACK*******

In case of emergency and the Parents/Guardians cannot be reached, please contact:

1. Name: _____ Phone: _____ Relationship: _____

Address: _____

2. Name: _____ Phone: _____ Relationship: _____

Address: _____

3. Name: _____ Phone: _____ Relationship: _____

Address: _____

The following people are authorized to pick-up and drop-off my child/children:

1. Name: _____ 2. Name: _____ 3. Name: _____

4. Name: _____ 5. Name: _____ 6. Name: _____

7. Name: _____ 8. Name: _____ 9. Name: _____

Complete each of the following sections by INITIALING either yes or no:

My child may be photographed at the childcare center: _____ Yes _____ No

My child's picture may be used in media, i.e., Facebook, newspaper, etc... _____ Yes _____ No

My child may take approved field trips sponsored by the center: _____ Yes _____ No

The center may obtain emergency medical treatment for my child if needed _____ Yes _____ No

My child is toilet trained ___Yes ___No. If no, a consultation between the parent & caregiver is required to be documented prior to toilet training & kept on file. Date of consultation ___/___/___.

My child will eat breakfast/morning snack at the center ___Yes ___No. If no, my child will eat BEFORE coming into the center.

Parent Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Record to be updated & signed by a parent if NO changes (once a year):

Signature : _____ Date : _____

Signature : _____ Date : _____

Signature : _____ Date : _____

DIRECTOR USE ONLY: Enrollment date: ___/___/___ Start Date: ___/___/___ Withdrawal: ___/___/___