

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: ___/___/___

PARENTAL AUTHORIZATIONS/UPDATES

To be completed by parents at least once annually, or when changes occur.

Child's Name _____ Date of Birth _____

Change of Address? ___ Yes ___ No. If yes, please list new address _____

Change of Phone #? ___ Yes ___ No. If yes, please list new phone # _____

The following people can pick-up and drop-off my child:

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

My child may be photographed/video-taped at the facility. ___ Yes ___ No;

By the media ___ Yes ___ No; For social media (e.g., Facebook) ___ Yes ___ No.

My child may participate in approved field trips sponsored by the facility. ___ Yes ___ No.

I understand a separate permission form must be signed for each field trip. ___ Yes ___ No.

The facility has my permission to obtain emergency medical treatment for my child ___ Yes ___ No.

If no, list instructions

Two (2) emergency contacts if the parent(s) or guardian(s) can not be located promptly:

1. Name: _____
Telephone: _____
Address: _____

2. Name: _____
Telephone: _____
Address: _____

(Parent Signature)

(Date)