

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, and our Child Care Licensure Inspector. If the item is not applicable, then please answer "N/A". Please do NOT leave anything blank.

Child's Full Name: _____	_____	_____
DOB: _____	Home Address _____	
Home Phone: _____	_____	

Mother's Name: _____	Father's Name: _____
Place of Employment: _____	Place of Employment: _____
Work Address: _____	Work Address: _____
_____	_____
Work Phone: _____	Work Phone: _____
Cell Phone/Pager: _____	Cell Phone/Pager: _____
E-mail Address: _____	E-mail Address: _____

List any special needs your child may have:

<i>Read and INITIAL the appropriate answer to the following items:</i>	
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 Parent:	___ Yes ___ No
A completed 121 Immunization Compliance Form is on file in the facility before the child attends:	___ Yes ___ No

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

In case of an emergency and the PARENTS cannot be reached, contact the following:

1. Name: _____ Phone: _____ Relationship: _____

Address: _____

2. 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: _____

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

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

My child may be photographed at the child care center _____ Yes _____ No

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

The childcare center may give my child emergency medical treatment if needed: _____ Yes _____ No

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

My child will eat breakfast at the center ___ Yes ___ No. If no, my child will eat BEFORE coming into the center.

Parent Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Record updated & signed by parent if no changes (once a year):

Signature: _____ Date: _____

Signature: _____ Date: _____

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