



Enrollment Application

Parents, 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: <small>(First) (Middle) (Last)</small> _____
DOB: _____ Home Address: _____
Phone: _____ other 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, facility will abide by documentation provided on this enrollment application.**

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

Please list any special needs your child may have:

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

<p>Read and INITIAL the appropriate answer to the following items:</p> <p>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</p>
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In case of emergency and the Parents/Guardians cannot be reached, please contact:

Mother's Name: _____ Father's Name: _____

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 child care 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 ___ (We don't take field trips. This is only for extreme emergency for evacuation purposes.)

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

I will download the remind app when the link is sent to me and check it often 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 parent if NO changes (once a year):

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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