



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: _____
(First) (Middle) (last)

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

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***If custody is shared by both parents/guardians, 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 INITIALNG 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 _____ Yes _____ No

My child is toilet trained _Yes _No. Ifno, 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: _____ / _____ / _____ I I