



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 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 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
- 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 parent if NO changes (once a year):

- Signature: _____ Date: _____
- Signature: _____ Date: _____
- Signature: _____ Date: _____

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