The Weekday Learning Center

Child Enrollment Form

The following information is required by the Mississippi Department of Health, Child Care Licensure Branch. This information is requested in order "to protect and promote the health and safety" of your child. Please supply a complete response to every item on this form. If the item is not applicable, please answer "N/A".

Date Your Child's Enrollment Begins:_____ Classroom Age:_____

Parent Signature:_____

(By signing this, you are agreeing to begin paying for your child's enrollment spot on the date you reserved based on availability, even if you must choose a later date closer to time.)

CHILD'S INFORMATION

Name: _____ Date of Birth: _____

Address _____ City _____State _____ Zip _____

Primary Telephone: (_____) _____ Referred by: _____

Previous Childcare Center: _____ Child prefers to be called:_____

PARENTAL INFORMATION

MOTHER:

Name: _____
Address: _____
Email: _____
Home#: (_____) _____
Cellular#: (_____) _____
Work #: (_____) _____
Company Name: _____
Company Address: _____

FATHER:

Name: _____
Address: _____
Email: _____
Home#: (_____) _____
Cellular#: (_____) _____
Work #: (_____) _____
Company Name: _____
Company Address: _____

Emergency Contacts

Please list at least two (2) relatives or friends who may be contacted in the event of an emergency.
We will contact these individuals when the parent or guardian cannot be reached.

Name: _____ Relationship To child_____
Address: _____ Phone Number: _____

Name: _____ Relationship To child_____
Address: _____ Phone Number:_____

CHILD PICK-UP AUTHORIZATION

The persons listed below are authorized by the parents or guardians to pick up and drop off the child named on this enrollment form. This list is required by Mississippi State Department of Health as outlined in the Regulations Governing Licensure of Child Care Facilities. The above named child may only be released to individuals on this list.

Name _____ Telephone Number (_____) _____

Name _____ Telephone Number (_____) _____

Name _____ Telephone Number (_____) _____

Name _____ Telephone Number (_____) _____

Special Needs/Allergy Information: Please list any special need or allergy that your child may have or any information that is critical to the positive development of your child. If the item is not applicable, please answer "n/a":_____

_____

MISCELLANEOUS

	Yes	No	Initial
I have received a copy of the Parent Handbook and a copy of the Mississippi State Department of Health Regulation Summary for Parents. I have read both of these and understand the contents of each.			
Photography Authorization (Not Applicable – No photographs or Videos Taken) I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities.			
I give my permission for the child listed on this application to participate in field trips sponsored by this center. I understand that I will need to sign a permission slip for each field trip.			
I authorize this center to administer non-prescription medication (i.e., gas drops, Neosporin, etc.) as necessary for my child. We are a medicine-free center and will **not** administer medications such as antibiotics, anti-nausea, benadryl, or fever reducers. However, we will administer epi-pens, breathing treatments, gas drops, Neosporin, diaper creams, and teething gel as needed. Please do not send medications to the center. I understand that medication of all types will only be administered per published instructions, obtained either from the physician or from the original container of the medication.			
I authorize this center to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital and hospital doctors and nurses.			

*Special instructions concerning your child if medical treatment is prohibited due to religious reason.

_____

My child has been toilet trained. ☐ Yes ☐ No If so, how? _____

My child will eat breakfast at the center. ☐ Yes ☐ No

_____ _____

Parent Signature Date

_____

Print Name

_____ _____

Center Staff Title