

Date of Enrollment: _____ **Child Enrollment Form**

The following information is required by the Mississippi State 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 items are not applicable, please answer "N/A"

Hours of Operation: Monday to Friday; 6:30 a.m. to 6:30 p.m.

Child's Attendance: ☐ Full-Time ☐ Part-Time ☐ Drop-In

CHILD'S INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Social Security Number: _____

Parental Information:

Mother: _____ Father: _____

Name: _____ Name: _____

Address (HM): _____ Address (HM): _____

Phone: _____ Phone: _____

Cell: _____ Cell: _____

Work Information:

Company Name: _____ Company Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

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 the Child: _____

Address: _____ Telephone: _____

Work Phone: _____ Cell: _____

Name: _____ Relationship to the Child: _____

Address: _____ Telephone: _____

Work Phone: _____ Cell: _____

Madison Pre-School Parent-Agreement

Date: _____

Child's Name: _____

Parents Name: _____ Social: _____

_____ Social: _____

Legal Guardian: _____ Social: _____

Please initial each box:

☐

I have received a copy of the Madison Pre-School Parent Handbook.

☐

I have read the Madison Pre-School Parent Handbook and agree to abide by all the policies stated in it.

☐

I understand that Madison Pre-School requires a prior 2-week written notice if I choose to remove my child from the Center for any reason.

☐

I understand that Madison Pre-School requires the payment of tuition for my child prior to services rendered.

Your signature indicates that you understand and will abide by the policies stated in Madison Pre-School's Parent-Handbook.

_____ Date: _____

_____ Date: _____

_____ Date: _____

Director/Asst. Director

Print Name: _____

Date: _____

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 the 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 the individuals on this list.

Name: _____ Relationship to Child: _____

Telephone: _____ Cell: _____ Work: _____

Name: _____ Relationship to Child: _____

Telephone: _____ Cell: _____ Work: _____

Name: _____ Relationship to Child: _____

Telephones: _____ Cell: _____ Work: _____

SPECIAL NEEDS INFORMATION:

Please list any special need that your child may have or any information that is critical to the positive development of your child.

MISCELLANEOUS:

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.

YES NO
Initial _____

Photography Authorization (NO photographs or video tapes made.)

I give my permission for the child listed on this form to be photographed or videotaped while in Attendance at this center during activities.

YES NO
Initial _____

I give my permission for the child listed on this form to participate in field trips sponsored by this center. I understand that I will need to sign a permission slip for each field trip.

YES NO
Initial _____

I authorize this center to administer prescription and non-prescription medication as necessary for my child. 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

YES NO
Initial _____

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 Doctors and nurses.

YES NO
Initial _____

*Special instructions concerning your child if medical treatment is prohibited due to religious reasons: _____

My child has been toilet trained. YES NO If so, how?

What meal will your child eat: ☐ Breakfast ☐ Lunch ☐ Snack

FOR OFFICE USE ONLY

Parental Signature _____

Date _____

Printed Name _____

Center _____

Staff: AUST

Date of Acceptance _____
Certificate of Immunizations Form 121 YES NO
Date Received _____
Date of Withdrawal _____
Reason for withdrawal _____
aff Authorization Updates (Date) _____

MADISON

-- PRE-SCHOOL --

Dear Parents,

In response to the events in our community regarding child safety, Madison Preschool has decided to take action to hopefully help prevent car-related incidents. Here at MPS, we love our families dearly, and we want to do all we can to make sure we are effectively communicating with parents concerning their children. We feel that it is our duty to serve our families and our community in as many ways as possible. Therefore, we will be using our Procure system to check with parents of absent students on a daily basis. If we notice your child is not present by 9:00 am, you will receive a text reminding you that your child is not at school with us. In order to sign up for this service, please fill out this form and return it to our front desk immediately. If you have any questions or concerns, please talk to any of our management staff members.

Parent/Guardian 1: _____

Cell Phone Number: _____

Cell Phone Carrier: _____

Email Address: _____

Parent/Guardian 2: _____

Cell Phone Number: _____

Cell Phone Carrier: _____

Email Address: _____

Child(ren)'s Name(s): _____

Signature: _____ Date: _____

MADISON

-- PRE-SCHOOL --

ATTENTION ALL PARENTS:

For the purposes of effective communication, we will be signing up for an app called Remind 101. This app will allow us to send every parent a text at the same time. Also, if there needed to be reminders sent out about upcoming events, school closings, and important classroom news, this app will be used to spread the word.

****If you would like to be a part of this communication, please refer to the code listed below.****

1. Send text message to 81010 with @mpsadmin in the message.
2. You will receive a text back asking you to respond with your full name.
3. After replying with your full name, it will automatically put you in the system to receive important information.

If you have any difficulty, please come see front desk