

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 6:00 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: _____

Email: _____ Email: _____

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: _____

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) _____