CHILD ENROLLMENT FORM

The following is required by the Mississippi State Department of Health, Child Care Licensure Branch. This information is requested in order "to protect and promote 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".

CHILD'S INFORMATION

Child's Name_____ Date of Birth_____
Last First M.I.

Address_____ City_____ State_____ Zip_____

Telephone (_____)_____ Social Security Number_____

PARENTAL INFORMATION

Mother	Father
HOME ADDRESS	
Name_____ (Last, First, M.I.)	Name_____ (Last, First, M.I.)
Address_____	Address_____
Telephone(_____)_____	Telephone(_____)_____
Cellular (_____)_____	Cellular (_____)_____
Pager (_____)_____	Pager (_____)_____
BUSINESS ADDRESS	
Company Name_____	Company Name_____
Address_____	Address_____
Telephone(_____)_____	Telephone(_____)_____
Cellular (_____)_____ If Applicable	Cellular (_____)_____ If Applicable

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	Home Telephone (_____)_____
Address_____ _____	Work Telephone (_____)_____
_____	Cellular (_____)_____
Name_____ Relationship to Child	Home Telephone (_____)_____
Address_____ _____	Work Telephone (_____)_____
_____	Cellular (_____)_____

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 individuals on this list.

Name_____ Home Telephone(_____)_____

Name_____ Home Telephone(_____)_____

Name_____ Home Telephone(_____)_____

Name_____ Home Telephone(_____)_____

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

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. ❒ Yes ❒ No _____

Photography Authorization (❒ Not Applicable - No photographs or videotapes made) 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. ❒ Yes ❒ No _____

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. ❒ Yes ❒ No _____

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 medication ❒ Yes ❒ No _____

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 _____

*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?_____

My child will eat breakfast at the center ❒ Yes ❒ No

_____ _____

Parent Signature Date

_____

Printed Name

_____

Center Staff

FOR OFFICE USE ONLY

Date of Acceptance_____

Certificate of Immunization Form 121 ❒ Yes ❒ No

Date Received_____

Date of Withdrawal _____

Reason for Withdrawal from center_____

_____

Authorization Updates (Date)
