



Child Care 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 Dept. of Health, and our Child Care Licensure Inspector.

Child's Full Name: (First) _____ (Last) _____
 School Attending _____ DOB _____ Age _____
 Home Address: _____

Parent's Name: (Mother) _____ (Father) _____
 (Mother) Cell # _____ Work # _____
 (Father) Cell # _____ Work # _____

Place of Employment: (M) _____ (F) _____
 Email address: (M) _____ (F) _____

Who may drop off and pick up your child:

Name: _____ # _____ Relationship: _____
 Name: _____ # _____ Relationship: _____
 Name: _____ # _____ Relationship: _____

Please list any medications your child or any special needs they may have:

I have been given a Parent Handbook (yes) _____ (No) _____
 My child may be photographed/videotaped at the facility: (yes) _____ (No) _____
 My child's Photo may be posted to our Kid Fit Facebook page: (yes) _____ (No) _____
 Our staff may give my Child emergency medical treatment if needed (yes) _____ (No) _____
 Does your child know how to swim? No ___ Beginner ___ Average ___ Advanced ___

As parent/guardian, I acknowledge and understand that Kid Fit is a fitness based program, which is based on being physically active. While our staff will try to prevent injuries from happening, injuries may happen from time to time. I understand Kid Fit does not have liability insurance and that you as the parent are responsible for your child's insurance coverage. I have been informed of the vacation weeks available for Summer Camp and After school care.

Initial here ___ Please provide director with any legal matters that may exist concerning custody issues with the child you are enrolling today. We will only release your child to the people listed above and any changes to this registration form, must be made by the Parent/guardian registering the child.

Parents signature: _____ Date: _____

Director Use Only: Enrollment Date: _____ Start: _____ Withdrawal: _____ Registration Fee:

 Weekly Tuition: _____ Amount Paid: _____

Barcode: _____ Agreement: _____