**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 Department of Health. If the item is not applicable, then please answer N/A. Please do not leave anything blank.**

Child’s Full Name:

 (First) (Middle) (Last)

DOB: Home Address:

Home/Cell Phone:

Mother/Guardian: Father/Guardian:

□ Please check if this parent has primary custody □ Please check if this parent has primary custody

□ Please check if court documentation received □ Please check if court documentation received

***\*If custody is shared by both parents/guardians, facility will abide by documentation provided on this enrollment application.***

Place of Employment***:*** Place of Employment:

Work Address: Work Address:

Cell Phone: Cell Phone:

Email: Email:

List any special needs your child may have:

Does your child have any allergies? Please list including food if necessary:

**Read and INITIAL the appropriate answer to the following items:**

I have been informed that this childcare Center is a L.L.C.

I have been given a copy of MSDH Regulation Summary for parents

I have been given and have read and understand the facilities handbook

Complete 121 immunization compliance form is on file in the facility before the child attends

**In case of emergency and the PARENTS/GUARDIANS cannot be reached, contact the following:**

1. Name:

Relationship:

Phone:

1. Name:

Relationship:

Phone:

**The following people are authorized to pick-up and drop-off my child/children:**

1. Name:
2. Name:
3. Name:
4. Name:

Complete each of the following sections by INITIALING either YES or NO:

My child may be photographed at the child care center. Yes No

My child’s picture may be used in social media, i.e Facebook, newspaper, etc. Yes No

My child may take approved field trips sponsored by the center. Yes No

The center may obtain emergency medical treatment for you child if needed. Yes No

My child is toilet trained Yes No if no a consultation between the parent and caregiver is required to be documented prior to toilet training & kept on file. (Date of consultation / / .

My child will receive child care between the hour of 6AM-6PM – MONDAY-FRIDAY Yes No

My child will receive---- BREAKFAST/ LUNCH/ SNACK/

Please list any previous childcare centers that your child has been dismissed from.

1.

2.

3.

**PARENT SIGNATURE:**

**DIRECTOR SIGNATURE:**

**DIRECTOR USE ONLY:** Enrollment date / / Start Date / / Withdrawal Date / /