

United Methodist Day School Childcare 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 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: _____
<input type="checkbox"/> Please check if this parent has primary custody	<input type="checkbox"/> Please check if this parent has primary custody
<input type="checkbox"/> Please check if court documentation received	<input type="checkbox"/> 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: _____
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Work Address: _____	Work Address: _____
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Work Phone: _____	Work Phone: _____
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Cell Phone: _____	Cell Phone: _____
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E-mail Address: _____	E-mail Address: _____
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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 Daycare Center does _____ provide liability insurance for my child:	____ Yes ____ No
I have been given a copy of and have read the MSDH Regulation Summary for Parents:	____ Yes ____ No
I have been given and have read and understand the facility's Parent Handbook:	____ Yes ____ No
Complete 121 Immunization Compliance Form is on file in the facility before the child attends:	____ Yes ____ No

*******PLEASE CONTINUE ON BACK*******

In case of emergency and the Parents/Guardians cannot be reached, please contact:



- 1. Name: _____ Phone: _____ Relationship: _____
Address: _____
- 2. Name: _____ Phone: _____ Relationship: _____
Address: _____
- 3. Name: _____ Phone: _____ Relationship: _____
Address: _____

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

- 1. Name: _____ 2. Name: _____ 3. Name: _____
- 4. Name: _____ 5. Name: _____ 6. Name: _____
- 7. Name: _____ 8. Name: _____ 9. 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 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 my child if needed: _____ Yes _____ No

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

I understand that no outside food or drinks may be brought into this center except on special occasions ___ Yes ___ No

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

Record to be updated & signed by parent if NO changes (once a year):

- Signature: _____ Date: _____
- Signature: _____ Date: _____
- Signature: _____ Date: _____

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