

Application for Admission 2017-2018  
A Ministry of Highland Baptist Church  
2513 N. 7th Avenue  
Laurel, MS 39440  
601-425-4225

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, and our Child Care Licensure Inspector. If the item is not applicable, then please answer "N/A". Do **NOT** leave anything blank.

Child's Full Name: \_\_\_\_\_

(Last) (First) (Middle)

DOB: \_\_\_\_\_ Home Address \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Race \_\_\_\_\_ Childs Address \_\_\_\_\_

\*\*\*\*\*

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SS#: \_\_\_\_\_ SS#: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

\*\*\*\*\*

List any special needs your child may have: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**Read and Sign**

Yes I have been informed that this Daycare Center does NOT provide liability insurance for my child:

\_\_\_\_\_

Yes I have been given a copy of and have read the MSDH Regulation Summary for Parents:

\_\_\_\_\_

Yes, I have turned in an updated 121 immunization form, paid my Registration fee, and I Agree to the Monthly fees and understand I am responsible for payment each month my child attends. \_\_\_\_\_

Reg. Fee \_\_\_\_\_

121 \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

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

\_\_\_\_\_

.....  
**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 may take approved field trips sponsored by the child care center: \_\_\_YES \_\_\_NO

The childcare center may give my child emergency medical treatment 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. Date of consultation: \_\_\_/\_\_\_/\_\_\_.

Child's Schedule: Days of Week \_\_\_M \_\_\_T \_\_\_W \_\_\_T \_\_\_F Starting Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....

Record updated & signed by parent (once a year):

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

DIRECTOR USE ONLY: Enrollment date: \_\_\_/\_\_\_/\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ Withdrawal: \_\_\_/\_\_\_/\_\_\_