

# Children First 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: _____	
DOB: _____	Home Address: _____
Home/Cell: _____	

Mother/Guardian: _____	Father/Guardian: _____
Home/Cell Phone: _____	Home/Cell Phone: _____
Email Address: _____	Email Address: _____
Place of Employment: _____	Place of Employment: _____
Work Address: _____	Work Address: _____
Work Phone: _____	Work Phone: _____

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

- 1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- 3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- 4) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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

- 1) Name: \_\_\_\_\_
- 2) Name: \_\_\_\_\_
- 3) Name: \_\_\_\_\_
- 4) Name: \_\_\_\_\_

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

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

List any allergies that your child has: \_\_\_\_\_

**READ & INITIAL the appropriate answer to the following items:**

My child may be photographed at the center: \_\_\_\_\_ YES \_\_\_\_\_ NO

My child will eat breakfast at the center: \_\_\_\_\_ YES \_\_\_\_\_ NO

My child is toilet trained. \_\_\_\_\_ YES \_\_\_\_\_ NO If no, a consultation between parent & caregiver is required to be documented prior to toilet training & kept on file. Date of consultation \_\_\_\_/\_\_\_\_/\_\_\_\_

I have received a copy of the Center Handbook: \_\_\_\_\_ YES \_\_\_\_\_ NO

I have received a copy of the Child Care Regulations Summary for Parents \_\_\_\_\_ YES \_\_\_\_\_ NO

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

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

**Application to be updated & signed once a year by parent if NO changes have been made.**

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

Director Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

Director Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

Director Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*\*\*\*\*DIRECTOR USE ONLY\*\*\*\*\***

Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal: \_\_\_\_/\_\_\_\_/\_\_\_\_