



# 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: \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

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

Home/Cell Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Father/Guardian: \_\_\_\_\_

Please check if this parent has primary custody  
 Please check if court documentation received

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**\*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: \_\_\_\_\_

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

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

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 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

## Liability Insurance

Children First Learning Center carries liability insurance that includes excess medical payments subject to policy terms and limits. If your child has an accident that requires medical attention; your insurance should be filed first, bring us a copy of the bill and CFLC will file second.

\*\*\*\*\*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

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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 \_\_\_\_/\_\_\_\_/\_\_\_\_.

My child will eat breakfast/morning snack at the center \_\_\_ Yes \_\_\_ No. If no, my child will eat BEFORE coming into the center.

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: \_\_\_\_\_

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