

## First Baptist Church Child Care Ministry Enrollment Application

Child's Name \_\_\_\_\_  
Last                      First                      M I                      (Name to be called)

Gender: ( ) Male ( ) Female                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent/Guardian Information

#### Parent/Guardian 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed

Relationship to Child: [ ] Mother [ ] Father [ ] Grandparent [ ] Foster Parent

#### Parent/Guardian 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed

Relationship to Child: [ ] Mother [ ] Father [ ] Grandparent [ ] Foster Parent

Are you a member of **Kosciusko First Baptist Church**? ( ) YES ( ) NO

If no, where do you attend church? \_\_\_\_\_

Do you have a child currently enrolled at FBC CCM? ( ) YES ( ) NO

## Enrollment Request

A \$50.00 **non-refundable registration fee** must be paid by April 15th to hold your child's spot. Make checks payable to First Baptist Child Care Ministry. Children are placed in classrooms based on their age as of **September 1** of the school year.

### FBC CCM Full-Day Program

Indicate with a check mark classroom requested.

- Infant room
- Toddler room
- Two-Year-Old room
- Three-Year-Old room
- Four-Year-Old room

### FBC CCM Half-Day Program

Indicate with a check the classroom requested.

- Infant Room
- Toddler room
- Two-Year-Old room
- Three-Year-Old room
- Four-Year-Old room

### FBC CCM After School Program

Indicate with a check mark the days requested.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

## FBC CCM Payment of Fees Policy

Monthly payments are due at the first of each month and late after the fifth of each month. **A \$25.00 late fee will be added to all charges after the fifth (5<sup>th</sup>) of the month.**

I have read the enrollment application which includes a listing of program fees and the FBC CCM Payment of Fees policy. I agree to pay all fees resulting in my child's enrollment in FBC CCM. **Should I need to withdraw from FBC CCM at any time during this enrollment commitment, I understand that I am required, per the Parent Handbook, to provide two (2) week written notice to the office with payment.**

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### For Office Use:

Fees received \_\_\_\_\_ Registration Fee \_\_\_\_\_ Ck# \_\_\_\_\_

121 Form Received Class assigned: \_\_\_\_\_ Enrollment date \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Initials \_\_\_\_\_

## Parent Signatures

**Parents, please supply a complete response to each item on this form. The information below is requested by the Mississippi Department of Health (MSDH).**

According to MSDH regulations each child in a licensed child care facility must have a current 121 form on file in order to attend. I agree to provide First Baptist Child Care Ministry with a current 121 Immunization Form upon enrollment and agree to provide current 121 forms as my child's immunizations are updated.

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Signature of Parent/Guardian

I have been provided a Parent Handbook and MSDH Regulations Summary for Parents (Included in the Handbook) and agree to read and comply with all said policies and procedures.

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Signature of Parent/Guardian

I agree to have my family information available for classroom use. (Room Parent, Birthday Invites, etc.).      ( ) YES      ( ) NO

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Signature of Parent/Guardian

My child is toilet trained. (two years and up)      ( ) YES      ( ) NO  
If no, a consultation between the parent and caregiver is required to be documented prior to toilet training.

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Signature of Parent/Guardian

Parents are responsible for providing sunscreen. FBC CCM requests that parents apply sunscreen to their child prior to school. I give permission for the FBC CCM staff to re-apply sunscreen to my child as needed. This permission is granted through the duration of this agreement.

- I am sending my own labeled sunscreen in a plastic bag.
- Please do not apply sunscreen to my child.

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Signature of Parent/Guardian

Parents are responsible for providing insect repellent. FBC CCM requests that parents apply insect repellent to their child prior to school. I give permission for the FBC CCM staff to re-apply insect repellent to my child as needed. This permission is granted through the duration of this agreement.

- I am supplying labeled insect repellent and directions for administration, in a plastic bag labeled with my child's name.
- Please do not apply insect repellent to my child.

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Signature of Parent/Guardian

Infant/toddler parents are responsible for providing diapers, diaper cream, and wipes. I give permission for the FBC CCM staff to reapply diaper cream to my Child as needed. This permission is good through the duration of this agreement.

- I am sending my own diaper cream labeled and in a plastic bag.
- Please do not apply diaper cream to my child.

\_\_\_\_\_  
Signature of Parent/Guardian

-FBC CCM parents are responsible for coming to administer medication if needed.

\_\_\_\_\_  
Signature of Parent/Guardian

**My Child may be:**

-Photographed at the center for center use. (Brochures, FBC CCM Social Media, etc.)

\_\_\_\_\_  
Signature of Parent/Guardian

-Taken on approved field trips

\_\_\_\_\_  
Signature of Parent/Guardian

-Given emergency medical treatment if needed.  YES  NO

-If no, provide instructions. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

**Allergies**

List any allergies (including food) and any special precautions or treatment indicated for these allergies. A doctor's note **must** be provided if your child has been diagnosed with an allergy. **If none, please write "none" and initial.**

\_\_\_\_\_

**Additional Information**

List any special needs of the enrolling child: \_\_\_\_\_

\_\_\_\_\_

Does your child have an active IEP (Individualized Education Program)? YES NO  
 (If your child has an active IEP, please provide a copy to the office for review. Once the IEP has been reviewed, you may be contacted for further information)

Please provide any additional information about your child's individual needs/concerns:

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### Emergency Contacts & Authorized Pickup Persons

**\*\*These are contacts IN ADDITION TO Parents/Guardians\*\***

*Should you need to add anyone else to the Emergency Contact/Pickup list, you may do so at any time.*

#### Contact/Pick-Up 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Emergency Contact  Authorized to pick up

#### Contact/Pick-Up 2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Emergency Contact  Authorized to pick up

#### Contact/Pick-Up 3

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Emergency Contact  Authorized to pick up

## Review of Enrollment Application

I have reviewed my child's **Enrollment Application** and all information is current, complete and accurate. FBC CCM may end enrollment at any time deemed necessary, if FBC CCM cannot meet the individual needs of my child.

\_\_\_\_\_  
Signature of Parent /Guardian

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_