

The Kids' World Center

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: _____

Please check if this parent has primary custody

Please check if this parent has primary custody

Please check if court documentation received

Please check if court documentation received

***If custody is shared by both parents/ guardian, facility will abide by documentation provide on this enrollment application.**

Place of Employment: _____

Place of Employment: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

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 following items:

I have been informed that this Center does not 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 a copy of and have read the MSDH Regulation Summary for Parents: _____ Yes _____ No

Complete 121 Immunization Compliance Form is on file in the facility before the child attend: _____ Yes _____ No

In case of emergency and the PARENTS/GUARDIANS cannot be reached, contact the following:

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: _____ 5. Name: _____

Complete each of following section 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 _____ / _____ / _____.

My child will eat breakfast 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)

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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