WOODLAWNchildcare

CHILDCARE ENROLLMENT FORM

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:_____

DOB: _____   HOME ADDRESS_____

HOME PHONE: _____   _____

MOTHER'S NAME_____FATHER'S NAME_____

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: _____

_____

_____

READ AND INITIAL THE APPROPRIATE ANSWER TO THE FOLLOWING ITEMS:
I HAVE BEEN INFORMED THAT THIS DAYCARE 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
A COMPLETED 121 IMMUNIZATION COMPLIANCE FORM IS ON FILE IN THE FACILITY BEFORE THE CHILD ATTENDS____YES____NO

IN CASE OF EMERGENCY AND THE PARENTS CANNOT BE REACHED, CONTACT THE FOLLOWING:

1. NAME_____ PHONE_____RELATIONSHIP_____

ADDRESS_____

2. NAME_____PHONE_____RELATIONSHIP_____

ADDRESS_____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP AND DROP OFF ME CHILD/CHILDREN:

1. NAME_____   2.NAME_____

3. NAME_____   4.NAME_____

DOES YOUR CHILD HAVE ANY ALLERGIES? PLEASE LIST, INCLUDING FOOD, IFNECESSARY:

_____

_____

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

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MY CHILD IS TOILET TRAINED ____YES ____NO. IF NO, A CONSULTATION BETWEEN THE PARENT AND CAREGIVER IS REQUIRED TO BE DOCUMETED PRIOR TO TOILET TRAINING. DATE OFCONSULTATION_____

PARENT SIGNATURE_____   DATE_____

DIRECTOR SIGNATURE_____   DATE_____

RECORD UPDATED & SIGNED BY PARENT (ONCE A YEAR)

SIGNATURE: _____   DATE: _____

SIGNATURE: _____   DATE: _____

SIGNATURE: _____   DATE: _____