

CHILD ENROLLMENT FORM

Hours of Operation: Monday- Friday

6:30am-6:00pm

The following information is required by the Mississippi State Department of Health, Childcare Licensure Branch. This information is requested in order "to protect and promote the Health and Safety" of your child. Please supply a complete response to every item on this form.

If the item is not applicable, please answer "N/A".

Child's Attendance: Full-Time Part-Time Drop-in

Hours of Care Needed _____

Meals Needed: Breakfast _____ Lunch _____ Snack _____ Supper _____

CHILD'S INFORMATION

Name _____ Date of Birth _____
Last First M.I.

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ - _____ Social Security Number _____

PARENTAL INFORMATION

Mother

Name _____

Address _____

Telephone (____) _____ - _____

Cell (____) _____ - _____

Email _____

Father

Name _____

Address _____

Telephone (____) _____ - _____

Cell (____) _____ - _____

Email _____

BUSINESS ADDRESS

Company Name _____

Address _____

Telephone (____) _____ - _____

EMERGENCY CONTACTS

Please list two (2) relatives or friends who may be contacted in the event of an emergency. We will contact these individuals when the parent or guardian cannot be reached.

Name _____ Relationship to Child _____

Address _____ Telephone (____) _____ - _____

Work Phone (____) _____ - _____ Cellular (____) _____ - _____

Name _____ Relationship to Child _____

Address _____ Telephone (____) _____ - _____

Work Phone (____) _____ - _____ Cellular (____) _____ - _____

Printed Name _____ Date _____

CHILD PICK-UP AUTHORIZATION

The persons listed below are authorized by the parents or guardians to pick up and drop off the child named on this enrollment form. This list is required by the Mississippi state department of health as outlined in the regulations governing licensure of Childcare Facilities. The above-named child may only be released to the individuals on this list.

Name _____ Relationship to Child _____ Telephone () _____ Work/Cell () _____

Name _____ Relationship to Child _____ Telephone () _____ Work/Cell () _____

Name _____ Relationship to Child _____ Telephone () _____ Work/Cell () _____

Name _____ Relationship to Child _____ Telephone () _____ Work/Cell () _____

Name _____ Relationship to Child _____ Telephone () _____ Work/Cell () _____

Name _____ Relationship to Child _____ Telephone () _____ Work/Cell () _____

SPECIAL NEEDS INFORMATION
Please list any special need that your child may have or any information that is critical to the positive development of your child (allergies, etc.)

MISCELLANEOUS

I have received a copy of the Parent Handbook and a copy of the Mississippi State Department of Health Regulations Summary for Parents. I have read both and understand the contents of each.

YES NO Initial _____

Photography Authorization (Not Applicable-NO photographs or video tapes.)

YES NO Initial _____

I give permission for the child listed on this form to be photographed or videotaped while in the attendance at this center during activities.

YES NO Initial _____

I give permission for the child listed on this form to participate in field trips sponsored by this center. I understand that I will need to sign a permission slip for each field trip.

YES NO Initial _____

I authorize this center to administer prescription and non-prescription medication as needed for my child. I understand that medication of all types will only be administered per published instructions obtained either from the Physician or from the original container of the medication.

YES NO Initial _____

I authorize the center to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel and hospital doctors and nurses.

YES NO Initial _____

*Special instructions concerning your child if medical treatment is prohibited due to religious reasons

My child has been toilet trained. YES NO If so, how? _____
What meal will your child eat: Breakfast Lunch Snack

Printed Signature _____ Date _____

Printed Name _____

Center Staff _____

FOR OFFICE USE ONLY	
Date of Acceptance	_____
Certificate of Immunizations Form 121	YES NO
Date Received	_____
Date of Withdrawal	_____
Reason for Withdrawal	_____
Authorization Updates (Date)	_____

Lake Village Learning Center Parent Agreement

Date: _____

Child's Name: _____

Parents Name: _____ Social: _____

_____ Social: _____

Legal Guardian: _____ Social: _____

Please initial each box:

I have received a copy of the Lake Village Learning Center Parent Handbook.

I have read the Lake Village Learning Center Parent Handbook and agree to abide by all the policies stated in it.

I understand that Lake Village Learning Center requires prior 2-week written notice if I choose to remove my child from the Center for any reason.

I understand that Lake Village Learning Center requires the payment of tuition for my child prior to services rendered.

Your signature indicates that you understand and will abide by the policies stated in Lake Village Learning Center's Parent-Handbook.

_____ Date: _____

_____ Date: _____

_____ Date: _____

Director/Asst. Director

I have received a copy of the New Parent Handbook and a copy of the Mississippi State Department Regulations Summary for Parents. I have read both and understand the policies and procedures for my child' daycare.

Child (ren)'s Name (s): _____
Parent/Guardian Signature: _____
Date: _____

Lake Village Learning Center

Parent/Guardian 1: _____

Cell Phone Number: _____

Cell Phone Carrier: _____

Email Address: _____

Parent/Guardian 2: _____

Cell Phone Number: _____

Cell Phone Carrier: _____

Email Address: _____

Child(ren)'s Name(s): _____

