

Child Enrollment Form

Little Footprints Learning Center

The following information is required by the Mississippi Department of Health, Child Care 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 INFORMATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Telephone __ (____) _____ - _____ Social Security Number _____ - _____ - _____

PARENTAL INFORMATION

MOTHER

FATHER

HOME ADDRESS

Name _____ Name _____

Address _____ Address _____

Telephone __ (____) _____ Telephone __ (____) _____

Cellular __ (____) _____ Cellular __ (____) _____

Pager __ (____) _____ Pager __ (____) _____

BUSINESS ADDRESS

Company Name _____ Company Name _____

Address _____ Address _____

Telephone __ (____) _____ Telephone __ (____) _____

Cellular __ (____) _____ Cellular __ (____) _____

EMERGENCY CONTACTS

Please list at least 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 _____ Home Telephone __ (____) _____

Address _____ Work Telephone __ (____) _____

_____ Cellular __ (____) _____

Name _____ Relationship to Child _____ Home Telephone __ (____) _____

Address _____ Work Telephone __ (____) _____

_____ Cellular __ (____) _____

Print 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 Mississippi State Department of Health as outlined in the Regulations Governing Licensure of Child Care Facilities. The above named child may only be released to individuals on this list.

Name _____ Home Telephone (_____) _____

Name _____ Home Telephone (_____) _____

Name _____ Home Telephone (_____) _____

Name _____ Home Telephone (_____) _____

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.

MISCELLANEOUS

	YES	NO	Initial
I have received a copy of the Parent Handbook and a copy of the Mississippi State Department of Health Regulation Summary for Parents. I have read both of these and understand the contents of each.			
Photography Authorization (<input type="checkbox"/> Not Applicable – No photographs or Videos Taken) I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities.			
I give my permission for the child listed on this application to participate in field trips sponsored by this center. I understand that I will need to sign a permission slip for each field trip.			
I authorized this center to administer prescriptions and non-prescription medication as necessary 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.			
I authorize this 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 and hospital doctors and nurses.			

*Special instructions concerning your child if medical treatment is prohibited due to religious reason. _____

My child has been toilet trained. Yes No If so, how? _____

My child will eat breakfast at the center. Yes No

 Parent Signature Date

 Print Name

 Center Staff

 Title

FOR OFFICE USE ONLY			
Date of Acceptance _____			
Certificate of Immunization Form 121 Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date Received _____			
Date of Withdrawal _____	Reason for withdrawal from center _____		

Authorization Updates (Date)			