

Preschool Enrollment Application

Parents, to project and promote the health and safety of you child, please supple **complete** response to every item on this form. This information is **required** by Mississippi State Department of Health, and our Child Care Licensure Inspector. If the item is not applicable, then please answer N/A. Please do **NOT** leave anything blank.

Child's Name _____

(First)

(Middle)

(Last)

DOB _____ SSN: _____

Address _____ Phone Number _____

Mother's Name _____

Father's Name _____

Phone Number _____

Phone Number _____

Place of Employment _____

Place of Employment _____

Work Address _____

Work Address _____

Email Address _____

Email Address _____

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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 the following items:

I have been informed that this Preschool center does not provide liability insurance for my child: ___YES ___NO

I have been given a copy of and read the MSDH Regulation Summary for Parents: ___YES ___NO

I have been given and have read and understand the facility's Parent Handbook: ___YES ___NO

Complete 121 Immunization Compliance Form is on file in the facility before the child attends: ___YES ___NO

1. _____ Phone Number _____

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

1. Name _____ Phone Number _____

Address _____

2. Name _____ Phone Number _____

Address _____

3. Name _____ Phone Number _____

Address _____

The Following people are authorized to pick-up and drop-off my child/children

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Complete each of the following sections by INITIALING either yes or no:

My child may be photographed at the preschool: _____ 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.

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 and signed by parent if **NO** changes (once a year):

Signature: _____ Date _____

Signature: _____ Date _____

Signature: _____ Date _____

DIRECTOR USE ONLY:

Enrollment Date: _____ Start Date _____ Withdrawal Date: _____

Name: _____ Name:: _____

PIN #: _____ PIN # _____
