

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, and our Childcare Licensure Inspector. If the item is not applicable, then please answer "N/A". Do **NOT** Leave anything blank.

Child's Full Name: _____		
(First)	(Middle)	(Last)
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/Pager: _____	Cell Phone/Pager: _____
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 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

*****PLEASE CONTINUE ON BACK*****

In case of an 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 my child/children:

(Please print)

1. Name _____ 2. Name _____

3. Name _____ 4. Name _____

Does your child have any allergies? Please list, including food, if necessary: _____

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

My child may be photographed at Kiddy Kingdom Childcare Center: _____ Yes _____ No

My child may take approved field trips sponsored by Kiddy Kingdom Childcare Center: _____ Yes _____ No

The child care center may give my child emergency medical treatment if needed. _____ Yes _____ No

My child is toilet trained _____ Yes _____ No. If no, a consultation between the parent and caregiver is required to be documented prior to toilet training. 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 updated & signed by parent (once a year):

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

DIRECTOR USE ONLY: Enrollment date: _____ Start Date: _____ Withdrawal _____

Kiddy Kingdom Childcare Center

5511 Telephone Rd.

Pascagoula, MS 39567

*****PLEASE CONTINUE ON BACK*****