

CROSSPOINT LEARNING CENTER

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 Child Care Licensure Inspector. If the item is not applicable, then please answer N/A. Please 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 Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Cell Phone/Pager: _____

E-mail Address: _____ E-mail Address: _____

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 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
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

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

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

- 1. Name: _____ Phone: _____ Relationship: _____
Address: _____
- 2. Name: _____ Phone: _____ Relationship: _____
Address: _____
- 3. Name: _____ Phone: _____ Relationship: _____
Address: _____

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

- 1. Name: _____
- 2. Name: _____
- 3. Name: _____
- 4. Name: _____
- 5. Name: _____
- 6. Name: _____
- 7. Name: _____
- 8. Name: _____

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 center: _____ Yes _____ No
- The center may obtain emergency medical treatment for my child if needed: _____ Yes _____ No

My child is toilet trained ___Yes ___No. If no, a consultation between the parent & caregiver is required to be documented prior to toilet training & kept on file. 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 to be updated & signed by parent if NO changes (once a year):

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

DIRECTOR USE ONLY: Enrollment date: ____/____/____ Start Date: ____/____/____ Withdrawal: ____/____/____