

Little Footprints Learning Center

Child Enrollment Form

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 _____

Primary Telephone: (_____) _____ Referred by: _____

PARENTAL INFORMATION

MOTHER:

Name: _____

Address: _____

Email: _____

Home#: (_____) _____

Cellular#: (_____) _____

Work #: (_____) _____

Company Name: _____

Company Address: _____

FATHER:

Name: _____

Address: _____

Email: _____

Home#: (_____) _____

Cellular#: (_____) _____

Work #: (_____) _____

Company Name: _____

Company Address: _____

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 _____

Address: _____ Phone Number: _____

Name: _____ Relationship To child _____

Address: _____ Phone Number: _____

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 _____ Telephone Number (_____) _____

Name _____ Telephone Number (_____) _____

Name _____ Telephone Number (_____) _____

Name _____ Telephone Number (_____) _____

SPECIAL NEEDS/ALLERGY INFORMATION

Please list any special need or allergy that your child may have or any information that is critical to the positive development of your child. If the item is not applicable, please answer "N/A".

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 (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

"Remind" database option: If you would like to receive a text for closings/delayed openings or other important messages, please list your name and phone number:

Name: _____ Phone#: (_____) _____

Name: _____ Phone#: (_____) _____

We have a private Facebook page as another source of information for our families and staff. Protecting our children's privacy will always be our top priority so pictures of our children will never be posted on this page. Please add *Little Footprints Learning Centers closed group* to your facebook page.

Parent Signature

Date

Print Name

Center Staff

Title