

# First Step Child Care 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. The Mississippi State Department of Health, and our Child Care Licensure Inspector require this information. If the item is not applicable, then please answer "N/A". Do NOT leave anything blank.

Child's Full Name: _____ <small>(FIRST) (MIDDLE) (LAST)</small>
DOB: _____ Home Phone: _____
Home address: _____ _____

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Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Employment: \_\_\_\_\_ Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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List any special needs (allergies, medications, physical impairments) your child may have:

\_\_\_\_\_  
\_\_\_\_\_

### READ AND INITIAL THE APPROPRIATE ANSWER TO THE FOLLOWING ITEMS:

I have been informed that this 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 \*\*\*\*\*

Please list the names and phone numbers of all individuals authorized to pick up child or call in the event of an emergency if parent or guardian cannot be reached. (VALID PHOTO ID REQUIRED).

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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**Completed 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 child care center: \_\_\_\_\_ Yes \_\_\_\_\_ No

The childcare centre may give my child emergency medical treatment (if needed): \_\_\_\_\_ Yes \_\_\_\_\_ No

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My child is toilet trained? \_\_\_\_\_. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Acceptance date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Withdrawal: \_\_\_\_/\_\_\_\_/\_\_\_\_\_