



Wildwood Childcare Center 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: _____
DOB: _____ AGE: _____
HOME PHONE: _____
HOME ADDRESS: _____

Mother's Name: _____

Father's Name: _____

Home Address: _____

Home Address: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

E-mail: _____

List any **special needs** your child may have:

Please list any allergies your child may have, including food allergies.



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Are there any other **health problems** your child may have:

Read and INITIAL the appropriate answer to the following items

I have been informed that this Childcare 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 give 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



In Case of emergency and the PARENTS cannot be reached, contact the following: (The names listed below **ARE** allowed to pick-up my child.)

1. Name: _____ Phone: _____ Relationship: _____
Additional Phone Number(s): _____

2. Name: _____ Phone: _____ Relationship: _____
Additional Phone Number(s): _____

3. Name: _____ Phone: _____ Relationship: _____
Additional Phone Number(s): _____



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

*****MUST PRESENT ID WHEN PICK UP OR WILL NOT BE ABLE TO PICK CHILD UP!!!*****

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

4. Name: _____ Relationship: _____

5. Name: _____ Relationship: _____



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The following people are NOT authorized to pick-up and drop-off my child/children:

*****MUST PRESENT ID!!!*****

1. Name: _____ Relationship: _____
2. Name: _____ Relationship: _____

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

- ∞ My child may be photographed at the childcare 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
- ∞ When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or air care attendant when deemed necessary or advisable by the physician or car aid attendant to safeguard my child's health. I waive my right of informed consent of such treatment: ____Yes ____No
- ∞ I give my permission for my child to be transported by ambulance or aid care to an emergency center for treatment: ____Yes ____No
- ∞ I certify that above information is true and correct: ____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 in NO changes (once a year):

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

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