

**First Baptist Church Oxford, MS**

**Mother's Morning Out Enrollment Form 2015-2016**

The following information is required by the Mississippi State 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 write a response to every item on this form. If any item is not applicable, please answer "N/A".

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone( ) \_\_\_\_\_

**Parental Information**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Last First Last First

**Home Address**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone( ) \_\_\_\_\_ Home phone( ) \_\_\_\_\_

Cell( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_

**Business Address (if applicable)**

Company Name \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_ Name \_\_\_\_\_

Relation to Child \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home phone( ) \_\_\_\_\_ Home phone( ) \_\_\_\_\_

Work phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

**Child Pick-Up Authorization**

The people 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 the Mississippi State Department of Health as outlined in the *Regulations Governing Licensure of Child Care Facilities*. Your child may only be released to individuals on this list who have presented a valid ID (Drivers License).

Name \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

**Allergy Alert**

Please list any special information about your child, information that is critical to the positive development of your child, or any other information concerning specific medical treatment for your child. Please mark N/A if this section is not applicable to your child.

\_\_\_\_\_

**MISCELLANEOUS**

<b>Required Documents:</b>	<b>Yes</b>	<b>No</b>	<b>Initial</b>
I have received copies of the Parent Handbook and the Mississippi State Department of Health Regulations Summary for Parents. I have read and understand the content of each document.	_____	_____	_____
<b>Photography Authorization:</b> I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center.	_____	_____	_____
<b>Field Trips:</b> 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.	_____	_____	_____
<b>Medication:</b> I understand that this Child Care Center does not give oral medication.	_____	_____	_____
<b>Toilet Training:</b> My child has been toilet trained. If so, how? _____	_____	_____	_____
<b>Meals:</b> I understand that this Child Care Center does not serve breakfast. My child will eat before coming to school.	_____	_____	_____
<b>Emergency:</b> First Baptist Church (Oxford, MS) may give my child emergency medical attention if necessary (i.e. call 911)	_____	_____	_____

\_\_\_\_\_ Office Use Only \_\_\_\_\_

**Room Assigned** \_\_\_\_\_

**Teacher Name** \_\_\_\_\_