

First Baptist Church Oxford, MS

Mother's Morning Out Enrollment Form 2017-2018

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

Required Documents:	Yes	No	Initial
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.	_____	_____	_____
Photography Authorization: I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center.	_____	_____	_____
Field Trips: 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.	_____	_____	_____
Medication: I understand that this Child Care Center does not give oral medication.	_____	_____	_____
Toilet Training: My child has been toilet trained. If so, how? _____	_____	_____	_____
Meals: I understand that this Child Care Center does not serve breakfast. My child will eat before coming to school.	_____	_____	_____
Emergency: 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 _____