

CREATIVE KIDS

Child Enrollment Form

Child's Legal Name: _____ Name child goes by: _____
 Home Address: Street: _____ City: _____ State: _____ Zip code: _____
 Date of Birth: _____ Age: _____ Sex: _____ Social Security Number: _____

Mother's Name: _____ Assigned child pickup pin #: _____
 Place of Employment: _____ Work #: _____ Home #'s: _____
 Cell #: _____ E-Mail address: _____ SS #: _____

Father's Name: _____ Assigned child pickup pin #: _____
 Place of Employment: _____ Work #: _____ Home #'s: _____
 Cell #: _____ E-Mail address: _____ SS #: _____

Marital Status of Parents: _____ Who does child live with? _____ Is other parent allowed
 to pick up child _____ or be notified in case of an emergency _____ Custody papers on file? _____
 Details: _____

Emergency Contacts and Approved Pick-up

Place your initial in
blocks below
that apply

(3 emergency contact and 3 pick-up required)

Name	PIN # <small>If needed</small>	Relationship	Phone #'s	Emergency Contact	Pick-up
<i>John Smith (example)</i>		<i>uncle</i>	<i>601-555-5555</i>	<i>Jdt</i>	<i>Jdt</i>

Does your child have any allergies? ___Yes___ No If yes, please list (including food, medication, insects, and others): _____

Doctor's Name: _____ Doctor's Office: _____
 Office Phone #: _____ Hospital Preference: _____

This institution is an equal opportunity provider

List any special needs of your child: _____

Read and INITIAL the appropriate answer to the following items:

I have been given a copy and have read a copy of the MSDH Regulation Summary for Parents: Yes No
 A 121 Immunization Compliance Form will be on file in the facility before my child attends: Yes No
 My child may take approved field trips sponsored by the childcare center: Yes No
 The childcare center may give my child medication: Yes No
 The childcare center may give my child emergency medical treatment if necessary: Yes No
 My child may be included in photographs to be used for our classroom and Facebook page Yes No
 If **NO** on any above, please explain: _____

What school will your child attend? Oak Grove Long Leaf Other _____

My child is toilet trained Yes No. 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 to the center.
 My child will eat lunch at the center Yes No. My child will eat snack at the center Yes No.
 Hours of care needed for my child ____ to _____. Days of the week needed: M____ T____ W____ T____ F____

I, _____, do state that I am the legal guardian to this child and am legally and financially responsible for him/her. This responsibility includes but is not limited to:

1. Accounts will be billed and drafted on every Monday morning.
2. If draft is denied by bank, other payment method is expected immediately. If account falls two weeks behind, I will not be allowed to attend until account is current.
3. Annual registration will be drafted or billed every October.
4. If a third party is paying the bill, I am still responsible for the account balance if payments are not made.
5. I understand that there is a TWO WEEK WRITTEN NOTICE REQUIRED in order to withdraw my child from this facility and I am responsible for payment of these two weeks regardless of my child attending for those two weeks or not.
6. I agree that in the event that my child is involved in an accident while under the care of Creative Kids, I will not seek remuneration beyond that covered by the corporation insurance.

Parent Signature: _____ Date: _____
 Parent Signature: _____ Date: _____
 Director Signature: _____ Date: _____

HOW DID YOU HEAR ABOUT US? _____

Record updated & signed by parent (once a year)

Signature: _____ Date _____ Director initials: _____
 Signature: _____ Date _____ Director initials: _____
 Signature: _____ Date _____ Director initials: _____

FOR OFFICE USE Reg. fee paid _____ Shot record on file _____ In computer _____
 Enrollment Date: ____/____/____ Acceptance Date: ____/____/____ Withdrawal Date: ____/____/____
 Reason for withdrawing: _____