

# Kids' Kampus

## Child Enrollment Application

Parents, 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 Licensing Inspector**.

Child's Full Name: _____	DOB: _____
Home Address: _____	
Preferred Name: _____	Main Phone: _____

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Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
SS#: _____	SS#: _____
Employer: _____	Employer: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
E-mail: _____	E-mail: _____

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

Name: _____	(relationship to child) _____
Name: _____	(relationship to child) _____
Name: _____	(relationship to child) _____
Name: _____	(relationship to child) _____

\*\*\*RESTRICTED PICK-UP: \_\_\_\_\_ IS NEVER ALLOWED TO PICK-UP MY CHILD.  
LEGAL PAPERWORK ATTACHED \_\_\_\_\_ Yes \_\_\_\_\_ No

***In the event of an emergency and PARENTS cannot be reached, contact the following:***

Name: _____	Phone1: _____	Phone2: _____
Name: _____	Phone1: _____	Phone2: _____

List any special needs your child may have: \_\_\_\_\_

List any know allergies, including food. (Attach appropriate medical documentation of the allergy): \_\_\_\_\_

**Complete each of the following questions by INITIALING yes or no:**

My child may be photographed at the child care center, including web & social pages: \_\_\_\_\_ Yes \_\_\_\_\_ No

My child may take approved field trips sponsored by the child care center: \_\_\_\_\_ Yes \_\_\_\_\_ No

Kids' Kampus may give my child emergency medical treatment if needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Tylenol may be administered at Kids' Kampus after a parent phone call: \_\_\_\_\_ Yes \_\_\_\_\_ No

My child will eat breakfast at the center: \_\_\_\_\_ Yes \_\_\_\_\_ No

I have been given a copy of the MSDH Regulation Summary for Parents: \_\_\_\_\_ Yes \_\_\_\_\_ No

I have been given a copy of the Kids' Kampus Parent Handbook: \_\_\_\_\_ Yes \_\_\_\_\_ No

A completed 121 Immunization Compliance Form is on file in the facility: \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that Kids' Kampus does not carry liability insurance: \_\_\_\_\_ Yes \_\_\_\_\_ No

My child is toilet trained \_\_\_ Yes \_\_\_ No. (If no, a consultation between the parent and caregiver is required prior to toilet training in the center.)

Date of consultation \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Update to Enrollment Form signed by parent:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amended \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Amended \_\_\_\_\_

**DIRECTOR USE ONLY:** Registration Date: \_\_\_/\_\_\_/\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ Withdrawal Date: \_\_\_/\_\_\_/\_\_\_

Weekly Tuition Rate: \_\_\_\_\_ Registration fee: \$ \_\_\_\_\_ (paid on: \_\_\_/\_\_\_/\_\_\_, check \_\_\_\_\_ cash \_\_\_\_\_)