

635 Hwy. 15 South  
Laurel, MS 39443  
601-345-1661

## Childcare 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, Child Care Licensure Branch. If the item is not applicable, then please answer N/A.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\*If custody is shared by both parents/guardians, Crestwood Daycare will abide by the documentation provided on this enrollment application.**

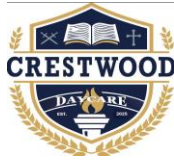
<b>Mother's Name</b>	
Place of Employment	
Work Address	
Work Phone	
Cell Phone	
Cell Phone Provider	
Email	
<input type="checkbox"/> Please check if this parent has primary custody.	
<input type="checkbox"/> Please check if court documentation received.	

<b>Father's Name</b>	
Place of Employment	
Work Address	
Work Phone	
Cell Phone	
Cell Phone Provider	
Email	
<input type="checkbox"/> Please check if this parent has primary custody.	
<input type="checkbox"/> Please check if court documentation received.	

List any **special needs, disabilities, developmental delays** of the child:

Please list all **allergies** including any food allergies that your child has.

<b>DIRECTOR USE ONLY:</b>
Enrollment Date: ____/____/____ Start Date: ____/____/____ Withdrawal: ____/____/____



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Circle Hours of Service Needed: 6:30AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM

Information you want us to know to help us care for your child: \_\_\_\_\_

**Read and INITIAL the appropriate answer to the following items:**

**Up-to-date** MS Immunization Compliance Form #121 is on file at Crestwood Daycare before the child attends:

\_\_\_\_ Yes \_\_\_\_ No **INITIAL** \_\_\_\_

**If no #121 is on file, then your child cannot attend!**

I have been informed that Crestwood Daycare **DOES** provide **liability insurance** for my child:

\_\_\_\_ Yes \_\_\_\_ No **INITIAL** \_\_\_\_

I have been given a copy and have read a copy of the **MSDH Regulation Summary for Parents:**

\_\_\_\_ Yes \_\_\_\_ No **INITIAL** \_\_\_\_

I have been given and have read and understand **Crestwood Daycare's Parent Handbook:**

\_\_\_\_ Yes \_\_\_\_ No **INITIAL** \_\_\_\_

In case of an **emergency** and the parents cannot be reached, contact the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

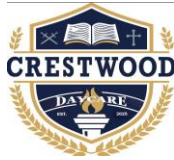
Address: \_\_\_\_\_

The following people are **authorized to pick up and drop off** my child/children:  
( Must be 18 years of age)

Name	Driver's License Number

**DIRECTOR USE ONLY:**

Enrollment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Withdrawal: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## Parental Authorization/Updates

To be completed by parent(s) at least once annually, or when changes occur.

\*My child may be **photographed/videotaped** at/by Crestwood Daycare:

\_\_\_\_ Yes \_\_\_\_ No **INITIAL** \_\_\_\_

\*My child's picture may be used in media, i.e., Facebook, Instagram, newspaper, etc...

\_\_\_\_ Yes \_\_\_\_ No **INITIAL** \_\_\_\_

\*My child may take approved **field trips** sponsored by Crestwood Daycare:

\_\_\_\_ Yes \_\_\_\_ No **INITIAL** \_\_\_\_

\*Crestwood Daycare is **authorized** to **administer first aid or seek emergency medical treatment** for my child: \_\_\_\_ Yes \_\_\_\_ No **INITIAL** \_\_\_\_

\*My child is **toilet trained**: \_\_\_\_ Yes \_\_\_\_ No. If not, a consultation between the parent and caregiver is required to be documented prior to toilet training. **Date of consultation**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*My child will eat breakfast/morning snack at Crestwood Daycare \_\_\_\_ Yes \_\_\_\_ No. If not, my child will eat **BEFORE** coming into the center.

\*Meals expected to partake: Breakfast \_\_\_\_ Lunch \_\_\_\_ Snack \_\_\_\_

\*Crestwood Daycare has my permission to administer **OTC (over-the-counter) products** to my child. (Including but not limited to **sunscreen, insect repellent, antibacterial ointment, calamine lotion, etc.**)  
\_\_\_\_ Yes \_\_\_\_ No **INITIAL** \_\_\_\_

\*I am aware that tuition is due on **Monday** of each week/drop off is by **9 AM** or a **late fee of \$30** will be charged to my account. **INITIAL** \_\_\_\_

\*I understand that I must give a **2-week written notice** for the termination of childcare services and the reason why. **INITIAL** \_\_\_\_

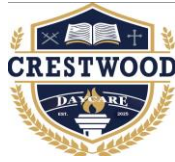
**Church you Attend:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

### DIRECTOR USE ONLY:

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**Record to be updated & signed by a parent if NO changes (once a year)**

<b>Signature</b>	<b>Date</b>

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