

PLEASE CHECK ONE:

- One year old by 9/1/2021
- Two years old by 9/1/2021
- Three years old by 9/1/2021



OFFICE USE ONLY

Application rec'd: _____

- 121 Form
- Registration Fee
- Tuition Prepayment

**First Baptist Church Oxford, MS
Mother's Morning Out Enrollment Form 2021-2022**

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.

Child's Full Name _____ Date of Birth _____

Preferred Name _____ Male Female

Home Address _____ City _____ State _____ Zip _____

Parental Information

Mother's Name _____ Father's Name _____

Cell _____ Cell _____

Email _____ Email _____

Work _____ Work _____

Employer/Occupation _____ Employer/Occupation _____

Are you a member of FBC Oxford? Yes No

If not, what local church do you attend regularly? _____

Emergency Contacts

Please list at least two LOCAL 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 _____

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 _____ Name _____

Cell phone _____ Cell phone _____

Medical Information

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 list any food allergies or other diet restrictions.

Please list any services your child is receiving (i.e. speech).

MISCELLANEOUS

Required Documents:

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.

Yes

No

Initial

Photography Authorization:

I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center.

Yes

No

Medication:

I understand that this Child Care Center does not give oral medication.

Yes

No

Toilet Training:

My child has been toilet trained.

If so, how long?_____

Yes

No

Emergency:

First Baptist Church (Oxford, MS) may give my child emergency medical attention if necessary (i.e. call 911)

Yes

No
