



Child Care Enrollment

Date Began Care: _____ / _____ / _____

CHILD'S NAME _____

BIRTHDAY _____ / _____ / _____

Physical Address _____ Home Phone: _____
_____ Cell Phone: _____

Parent/ Guardian information:

Mother's

Name: _____ Employer: _____

SS#: _____ Work Address: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____ Work Days/Hours: _____

Father's

Name: _____ Employer: _____

Last 4 SS#: _____ Work Address: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____ Work Days/Hours: _____

Alternative Emergency Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Who is authorized to pick up your child other than yourself?

Name: _____ Relationship: _____

Name: _____ Relationship: _____ Name: _____

Relationship: _____

Medical Information:

Child's Doctor: _____ Address: _____ Phone: _____

Child's Dentist: _____ Address: _____ Phone: _____



Has your child had?

Chicken Pox Mumps Measles German Measles Scarlet Fever Whooping Cough

Allergies: _____

Is your child potty trained? yes no

Other Medical Conditions that might affect care: _____

*Please fill out Medication permission form

Signature of parent or guardian Date

Signature of parent or guardian Date

General Information:

Name of school (for school aged children): _____
Address of school: _____ Phone: _____
Other school information (days, hours, special arrangements, etc): _____

Please help me get to know your child better:

Names of siblings who I share my home with: _____
My favorite things to play are: _____
My eating schedule: _____

I am afraid of: _____
I really like: _____
These are circumstances in my life that you should know about: _____
These are special needs that I have: _____



Permission: (a check indicates permission is granted)

- In an emergency, the child care provider (or substitute) has my permission to call an ambulance or to take My child to a physician, hospital, or dentist at **my** expense.
- I do **not** wish for my child to have medical treatment
- My child may be taken on field trips or excursions by bus or private automobile under supervision.
- My child may be photographed for publicity or news purposes.
- My child may **not** be photographed for publicity or news purposes.

Signature of parent or guardian

Date

Signature of parent or guardian

Date

- I have received and read polices/procedures
- I have received and read discipline policies
- I have received and read my contract
- I have provided my child's immunization records, verifying he/she is up to date
- I understand my provider is a mandatory reporter



INSTRUCTIONS TO APPLY FOR CHILD CARE PAYMENT ASSISTANCE

Visit >> WWW.MDHS.MS.GOV

Click On >> Services

Then >> Childcare Payment System

Then >> Parent Application

Center Name >> Little Sunshine Childcare Center

Call to check on application:

Toll Free: 1-800-877-7882

Fax: (601) 359-4422

Website: www.childcareinfo.ms.gov

If you need help submitting documents we will scan and email them in the office for you.