

First United Methodist Weekday Ministries

Student Enrollment Form

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 supply a complete response to every item on this form. If the item is not applicable, please answer "N/A".

Check Program enrolling in: 3-day Preschool 5-day Preschool After Preschool Care
 Mother's Morning Out After School Care (ASC) — if ASC, list grade and Home Room Teacher _____
 Summer Preschool Summer Mother's Morning Out Summer Day Camp (Grade/Teacher)

CHILD'S INFORMATION

Child's Gender: Male Female
 Full Name: _____ Date of Birth: _____
 Address: _____ City: _____ Zip: _____
 Telephone: (____) _____

PARENTAL INFORMATION

Mother

Name: _____
 Address: _____
 Home Telephone: (____) _____
 Cell Phone: (____) _____
 Email: _____
WORK INFO:
 Occupation: _____
 Company Name: _____
 Address: _____
 Telephone: (____) _____

Father

Name: _____
 Address: _____
 Home Telephone: (____) _____
 Cell Phone: (____) _____
 Email: _____
WORK INFO:
 Occupation: _____
 Company Name: _____
 Address: _____
 Telephone: (____) _____

With whom does child live? _____ Names/ages of siblings? _____

If parents are divorced, please document custodial/visitation information (official court documents must be submitted with application).

Name of previous child care center or individual: _____ How long attended? _____

By whom will your child be transported? _____

Please make any comments that will help us to understand and care for your child. Indicate any habits such as nail biting, finger sucking, biting, tantrums, etc. and indicate any special needs or abilities:

Please list at least two (2) **local** relatives or friends who may be contacted in the event of an emergency.
 We will contact these individuals only when the parent or guardian cannot be reached.

Name: _____	Relationship to Child _____	Home Telephone: (____) _____
Address: _____	_____	Work Telephone: (____) _____
_____	_____	Cell Phone: (____) _____
Name: _____	Relationship to Child _____	Home Telephone: (____) _____
Address: _____	_____	Work Telephone: (____) _____
_____	_____	Cell Phone: (____) _____

Print Child's Name: _____ Date: _____

CHILD PICK-UP AUTHORIZATION

The persons listed below are authorized by the parents or guardians to pick up and drop off the child named in 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*. The above named child may only be released to individuals on this list.

Name: _____	Telephone: (____) _____
Name: _____	Telephone: (____) _____
Name: _____	Telephone: (____) _____
Name: _____	Telephone: (____) _____
Name: _____	Telephone: (____) _____

SPECIAL NEEDS / ALLERGIES INFORMATION

Please list any specific needs that your child may have or information that is critical to the positive development of your child. **Please include any allergies your child may have:** _____

MISCELLANEOUS REQUIRED AUTHORIZATIONS

I agree to the payment policy of First United Methodist Weekday Ministries and agree to pay in accordance to it. **Initial**
(Full payment of tuition regardless of attendance / paid two week notice) _____

I have received a copy of the Parent Handbook(**by email and/or hard copy**)and a copy of the Mississippi State Department of Health Regulation Summary for Parents(**last page of this form**). I have read both of these and understand the contents of each. **Initial**

I give my permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities. (If no, please state on separate page what is allowed) YES NO **Initial**

I give my permission for the child listed on this application to participate in field trips sponsored by FUMC Weekday Ministries. I understand that I will need to sign a permission slip for each field trip. If NO is marked, child will not be allowed to attend school during field trip time as class will not be onsite. YES NO **Initial**

I understand that FUMC Weekday Ministries staff will NOT administer medication to my child and that I will need to make accommodations for administering medication if needed. **Initial**

I authorize FUMC Weekday Ministries staff to obtain any and all medical treatment to be performed as deemed necessary by licensed medical personnel, including emergency medical personnel, ambulance personnel, and hospital doctors and nurses. **Initial**

I am aware that FUMC Weekday Ministries does not provide accidental insurance for my child, as stated in the Parent Handbook. **Initial**

Special instructions concerning child listed on this application if medical treatment is prohibited due to religious reasons.

My signature indicates that I have read and initialed all of the above authorizations and that I am a parent or legal guardian of the child listed on this enrollment form. I affirm that the answers given here are true to the best of my knowledge.

Parent Signature Date

Printed Name
.....

PRESCHOOL ONLY: My child is completely toilet trained. THIS IS A PRESCHOOL REQUIREMENT

YES NO If yes, how long? _____

FUMC STUDENT INFORMATION FORM

Child's Name: _____ **D.O.B.:** _____

To assist the teachers in giving your child the most personalized attention, please answer the following questions. Please use an additional page if needed.

Please describe your child's previous school or playground experience: _____

Does your child currently attend Church/Sunday School? _____ Where: _____

Has your child ever been dismissed from a child care center? If so, why: _____

Please list all siblings and their ages: _____

List any allergies and briefly describe how they are manifested: _____

Please list all communicable diseases or serious illnesses that your child has had: _____

What is your child's favorite toy? _____

Does your child have any particular fears or anxieties, such as dogs, sirens, etc? _____

To what type of discipline is you child accustomed to at home? _____

Briefly describe your child's eating habits and/or difficulties: _____

How does your child get along with other children? _____

What are the ages of your child's playmates? _____

Does your child have any particular habits or mannerism such as thumb sucking, nail biting, tantrums, biting, etc.? Please describe: _____

Please describe any unusual play habits or preferences that your child's teacher should know: _____

If there is any other information or problems that you, as parents, think the teacher should know about your child, please describe (including medical problems): _____

Parent signature: _____ Date: _____

FIELD TRIP INFORMATION: (Optional)

I understand that the FUMC bus will be used for all field trips when available. If needed, I agree to use my personal vehicle for school-sponsored field trips. I certify that I am a licensed driver with a good driving record and that I have adequate insurance coverage to transport passengers in my vehicle.

Parent signature: _____ Date: _____

I agree to allow my child to be transported by another parent in a private vehicle, understanding that all safety precautions will be taken and that all vehicles will travel together to and from field trips.

Parent signature: _____ Date: _____

EMERGENCY EVACUATION: (Required)

In the event of an emergency evacuation of the building, FUMC has permission to transport my child to the evacuation site/sites listed in the handbook. I understand that all safety precautions will be taken.

Parent signature: _____ Date: _____



MISSISSIPPI STATE DEPARTMENT OF HEALTH

CHILD CARE REGULATIONS SUMMARY FOR PARENTS

Dear Parents,

The ***Regulations Governing Licensure of Child Care Facilities*** require that child care providers supply you with a summary of the Child Care Regulation that govern the licensure of child care facilities.

The Child Care Regulations are the rules and regulation that each child care facility in Mississippi must follow in order to maintain their Child Care License. You, as a parent, are entitled access to these regulations. Among the subjects covered in the Child Care Regulations are:

- Licensing Requirements
- Building & Grounds
- Rights of Entry & Violations
- Health, Hygiene, Safety
- Facility Policies & Procedures
- Nutrition & Meals
- Personnel Requirements
- Discipline & Guidance
- Records
- Transportation
- Reports
- Diapering & Toileting
- Staff Requirements
- Swimming & Water Activities
- Program Activities
- Feeding of Infants & Toddlers
- Children with Special Needs
- Night Care
- School Age Care
- Summer Day Camp & School Age Programs
- Hearings, Emergency Suspensions, Legal Actions & Penalties
- Release of Information
- Rest Periods
- Equipment, Toys, Materials

APPENDICES

Appendix A – Child Abuse & Neglect Reporting

Appendix C – Nutritional Standards

Appendix E – Dishwashing Procedure

Appendix G – Diaper Changing Procedure

Appendix I – Communicable Disease/Conditions & Return of Child Care Guidelines

Appendix B – Reportable Diseases

Appendix D – Playground Safety Standards

Appendix F – Hand washing Procedure

Appendix H – Cleaning & Disinfection Procedure

A full copy of the Child Care Regulations should be located in the Director's office of your child care facility. It should be available for your examination upon request. You may also access the Regulations at www.msdh.state.ms.us (from the left menu, select *Regulations & Licensing*, then *Child Care & Youth Camps*.) You may direct your questions to your local licensing officials, or you may contact the Child Care Licensure office in Jackson at (601) 364-2827.

Should you have any complaint concerning a child care facility, contact the licensing official listed above or call the Child Care Licensure office, toll free at 1-866-489-8734.

Parent Signature upon reading: _____

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1-866-HLTHY4U • www.HealthyMS.com

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