

After Zone Child Registration Form

Parents,

This information is **required** by the Mississippi State Department of Health, and our Child Care Licensure Inspector. If the item is not applicable, then please answer **NA**. Please do **NOT** leave anything blank.

Child's Full Name: (First) _____ (Middle) _____ (Last) _____

Male Female

Date of Birth: _____ Home Address _____

Home Phone: _____

.....
Mother/Guardian Name: _____ Father/Guardian Name: _____

Please check if this parent has primary custody

Please check if this parent has primary custody

Please check if court documentation received

Please check if court documentation received

If custody is shared by both parents/guardians, the facility will abide by documentation provided on this registration form

Place of Employment: _____ Place of Employment: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____

.....
School your child will be attending: _____ Grade: _____

After Zone Start Date: ____/____/____ (This is the date we will begin billing you)

Does your child have any allergies? Please list, including food, if necessary: _____

List any special needs your child may have: _____

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

I have been informed that this Daycare Center does provide liability insurance for my child: ___ Yes ___ No

I have been given a copy of and have read the MSDH Regulation Summary for Parents: ___ Yes ___ No

I have been given a copy of and have read and understand the facility's Parent Handbook: ___ Yes ___ No

*****PLEASE CONTINUE ON BACK*****

In case of an emergency and the PARENTS/GUARDIANS cannot be reached, contact the following:

1 Name: _____ **Phone:** _____ **Relationship:** _____
Address _____

2 Name: _____ **Phone:** _____ **Relationship:** _____
Address _____

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

1. Name: _____ **3. Name:** _____
2. Name: _____ **4. Name:** _____

Complete each of the following sections by INITIALING either yes or no:

My child may be photographed/videoed at the childcare center: _____ **Yes** _____ **No**

My child may take approved field trips sponsored by the childcare center: _____ **Yes** _____ **No**

The childcare center may give my child emergency medical treatment if needed: _____ **Yes** _____ **No**

Parent Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Record updated & signed by parent if no changes (once a year):

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

DIRECTOR USE ONLY:

Enrollment date: ___/___/___

Start Date: ___/___/___

Withdrawal: ___/___/___