

First Baptist Child Ministry Center  
414 Pecan Avenue  
Philadelphia, MS 39350  
601-656-5015

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 Department of Health, Child Care Licensure Branch. If the item is not applicable, then please answer "NA".

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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List any special needs of the above child: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Name and ages of other children: \_\_\_\_\_

\_\_\_\_\_

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

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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Read and INITIAL the appropriate answer to the following items:

My child may be **photographed** by the child care center. \_\_\_\_\_ Yes \_\_\_\_\_ No

My child may take **approved** field trips sponsored by the child care center: \_\_\_\_\_ Yes \_\_\_\_\_ No

The childcare center may give my child **emergency medical treatment** if needed. \_\_\_\_\_ Yes \_\_\_\_\_ No

My child is **toilet trained**. \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, a consultation between the parent and the caregiver is required to be documented prior to toilet training. Date of consultation \_\_\_\_/\_\_\_\_/\_\_\_\_

I have been given a copy and have read a copy of the MDH Regulation Summary for parents. \_\_\_\_\_ Yes \_\_\_\_\_ No

I have been given a copy and have read a copy of the FBCMC Parent Handbook. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Record updated and signed by the parent (once a year):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Child Care Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Child Care Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Child Care Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Child Care Initials: \_\_\_\_\_

**DIRECTOR SIGNATURE USE ONLY:**

**Enrollment Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Acceptance Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Withdrawal Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Received 121 Immunization Compliance Form**

**Signature of Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_