

Lil' Ramblers
149 Walnut Ave
DeKalb, MS 39328
601-743-2232
601-743-5277

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 "N/A"

Child's Name: _____ DOB: _____

Home Address: _____ SNN: _____

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 _____ Cell Phone: _____

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List any special needs of the above child: _____

Read and INITIAL the appropriate answer to the following items:

I have been informed that Lil' Ramblers does/does not provide liability insurance for my child: Yes or No

I have been given a copy and have read a copy of the MDH regulation Summary for Parents: Yes or No

A 121 Immunization compliance Form is on file in the facility before the child attends: Yes or No

In case of an Emergency and the Parents cannot be reached, contact the following:

- 1. Name: _____ Phone: _____ Relationship: _____
- 2. Name: _____ Phone: _____ Relationship: _____
- 3. Name: _____ Phone: _____ Relationship: _____

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

- 1. Name: _____ 2. Name: _____
- 3. Name: _____ 4. Name: _____
- 5. Name: _____ 6. Name: _____

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

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

My child may be photographed at 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 caregiver is required to be documented prior to toilet training. Date of consultation ____/____/____.

My child will eat breakfast at the center _____yes _____no. if no, my child will eat before coming into the center.

Parent Signature: _____ Date: _____

Childcare Director Signature: _____ Date: _____

Record updated & signed by parent (once a year):

Signature: _____	Date: _____	Child Care Initials: _____
Signature: _____	Date: _____	Child Care Initials: _____
Signature: _____	Date: _____	Child Care Initials: _____
Signature: _____	Date: _____	Child Care Initials: _____
Signature: _____	Date: _____	Child Care Initials: _____

Director Use Only : Enrollment Date: ____/____/____ Acceptance Date: ____/____/____ Withdrawal: ____/____/____