



Dear Parent:

Thank you for expressing an interest in enrolling your child (ren) in MITI Kids Child Care and Learning Center.

Mississippi Child Care Regulations are the rules and regulations that each childcare facility must follow in order to maintain child care licensure. Therefore, it is imperative that you satisfy regulatory standards as mandated by the state and MITI Kids' initial enrollment process.

Process

1. Complete enrollment application in non erasable ink
2. Submit copy of birth certificate and social security card (Certificate Program)
3. Children are to be **age-appropriately immunized** and must have a Certificate of Immunization Compliance (Form 121) or a Certificate of Medical Exemption (Form 122) on file. The Form 121 must be signed by the District Health Officer, a physician, nurse or designee. The medical exemption, Form 122, **MUST** be signed by the District Health Officer.
4. The immunizations that are currently **required** at the age-appropriate times for child care are:
 - DTaP (diphtheria, tetanus, pertussis), polio, MMR (measles, mumps, rubella), and HIB (*H. Influenzae* type b).
 - Hepatitis B vaccine is a recommended vaccine, and is usually started at birth to 2 months of age.
 - Hepatitis B is **not required for child care** attendance but **is required for entry into 5 year old kindergarten**.
 - As of August 01, 2002, one (1) dose of Varicella (chicken pox) vaccine is required on or after the 1st birthday and is required for entry into five (5) year old kindergarten. Varicella is not required if a history of the disease is documented.
 - Children enrolled in a licensed child care facility or Head Start Center are expected to be age appropriately immunized.

After the above obligations are met, you will be asked to participate in an interview with MITI Kids' director. Please call me if you have any questions or concerns.
I look forward to meeting you soon!



6285 RIDGEWOOD DRIVE
HORN LAKE, MS 38637

CHILD CARE APPLICATION FOR ENROLLMENT

Parents, "to protect and promote the health and safety" of our child, please supply a complete response to every item on this form. The Mississippi Department of Health, Child Care Licensure Branch, requires this information. If this is not applicable, then please answer "NA".

Date of Enrollment: _____

Child Information:

Child's Name: _____
Last First Middle Nickname

Date of Birth: _____ Sex: _____

Child's Address: _____

Primary Hours of Care: From _____ To _____

Days of the week in care: Mon Tue Wed Thurs Fri Sat Sun

Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack

Family Information:

Child Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Custody: Mother _____ Father _____ Both _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Health Insurance Information:

Please list allergies, special medical or dietary needs, or other areas of concern:

I have been informed that MITI Child Care & Learning Center does not provide liability insurance for my child: _____ Yes _____ No

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have been given a copy and have read a copy of the MDH Regulation Summary for Parents	YES	NO
A 121 Immunization Compliance Form is on file in the facility before the child attends		
My child may be photographed at the child care center		
My child may take approved field trips sponsored by the child care center:		
The child care center may give my child emergency medical treatment if needed.		

Helpful Information About Child:

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Child Care Director Signature

Date



6285 RIDGEWOOD DRIVE
HORN LAKE, MS 38637

EMERGENCY INFORMATION

Enrollment Date: _____ Termination Date: _____

Child's Name: _____

Parents Data

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Dentist Name: _____

Dentist Name: _____

Doctor Name: _____

Doctor Name: _____

Hospital Name: _____

Hospital Name: _____

Emergency Contact Person

Name: _____ Phone: _____

I hereby authorize my child care provider and/or substitute to take my child to a physician in an emergency. In the event that your family doctor cannot be reached in an emergency, I hereby authorize another licensed physician to treat my child.

Parents Signature

Date



After child has been accepted, parents are asked to complete this form to help us better serve your child.

Child's Name _____ Parent's Name _____

Please list your child's favorite...

Breakfast food _____

Lunch food _____

Snack food _____

Song _____

Books _____

Videos _____

Toy or stuffed animal _____

Cartoon character _____

Game _____

Inside activity _____

Outside activity _____

If my child has trouble falling asleep I usually:

My child is afraid of: _____

Other persons who have regular contact with my child's care (grandparents, Step parents, siblings, friends, etc.)...

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Anything else you would like to share about your child to help him/her feel more comfortable. Especially in the first week when we are brand new to each other