



The Potter's House Pre-School Child Enrollment Application

The following information is required by the 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 any item is not applicable, please answer N/A.

CHILD'S INFORMATION

Name _____ Date of Birth _____
Last First MI

Address _____ City _____ State _____ Zip _____

Telephone _____ Social Security Number ____ - ____ - ____

PARENTAL INFORMATION

Mother

Father

Name _____ Name _____
Address _____ Address _____

Social Security # _____ Social Security # _____

D.O.B. _____ D.O.B. _____

Telephone _____ Telephone _____

Cellular _____ Cellular _____

Marital Status: Married Separated Divorce Single Widowed

Previous Daycare _____

Parent Employment Information

Company Name _____ Company Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Work Hours: _____ Work Hours: _____

Emergency Contacts



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

Name _____ Relationship to Child _____ Home # _____
Address _____
Cell# _____
Work# _____

Name _____ Relationship to Child _____
Home# _____
Address _____
Cell# _____

Work# _____ 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 on this enrollment application. The 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 _____ Home # _____

Name _____ Home# _____

Name _____ Home # _____

Name _____ Home # _____

SPECIAL NEEDS INFORMATION

Please list any special needs that your child may have or any information that is critical to the positive development of your child. (This includes any Medications, Allergies, or Special Behavioral Needs)

Medical Information: I authorize TPH to contact the physician listed below, or any other competent physician or emergency service, if I cannot be immediately contacted should my child be injured or become ill. I understand that TPH will not be financially responsible for medical or



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emergency services provide for my child.

Physician: _____ Phone: _____

MISCELLANEOUS

How were you referred to The Potter's House?

Do you have any family members or friends enrolled or employed at The Potter's House?

- I have received and read a copy of the Parent Handbook.
- Photography Authorization- I give permission for the child listed on this application to be photographed or videotaped while in attendance at this center during center activities.
- I give my permission for the child listed in this application to participate in field trips sponsored by this center. I understand that I will need to sign a permission slip for each field trip.
- I authorize the center to administer prescription and non-prescriptions medications as necessary for my child. I understand that medication of all types will only be administered per published instructions, obtained either from the physician or from the original container of the medication.
- I authorize this center 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.

Special instructions concerning your child if medical treatment is prohibited due to religious regions and list a hospital of choice for your child to receive care from due to any emergencies where an ambulance must transport your child away from the center. _____

- My child has been toilet trained. (If so how?) _____
- My child will eat breakfast at the center.

Child Care Agreement

Providers Name: **The Potter's House Pre-School**

Financial Arrangements:

Weekly Fee\$ _____

Due on Monday mornings

Person responsible for payment _____ Social Security # _____

Tuition Fees and Policies

Fees are due payable on Monday for week of attendance.

There will be a \$10.00 late fee charge on all payments made after Wednesday of the week, and additional late



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fee of \$10.00 per week will be added if not paid by Friday. Fees are due in advance if you are monthly or bi-weekly. After two (2) weeks of non-payment, your child will be unable to attend the center until fees are up to date. There will be a \$35.00 fee on all returned checks; in event your child is unable to attend the center on their schedule day(s) payments are still required. Two (2) weeks notice is required to cancel this agreement.

Liability Clause

The Potter's House is absolved from liability to me or and my child because of any injury to my child during any school activities or field trips. I understand that I will be notified when each activity is planned in advance so that I can approve or disapprove of my child's participation.

Agreement

In consideration for the benefits accruing herein to the provider, child and parents/guardian. We hereby agree to terms and conditions contained herein.

Parent/ Guardian Signature _____ Date _____

Printed Name _____

Staff Signature _____ Title _____

For Office Use Only

Date of Acceptance _____

Certificate of Immunization Form # 121 _____

Date Received _____

Date of Withdrawal _____

Reason for Withdrawal _____