



Child Pick-Up Authorization

The persons listed below are authorized by the parents or guardians to pick up and drop off the child on this enrollment form.
The child may only be released to individuals on this list.

| | |
|------------|--------------------|
| Name _____ | Phone Number _____ |
| Name _____ | Phone Number _____ |
| Name _____ | Phone Number _____ |
| Name _____ | Phone Number _____ |
| Name _____ | Phone Number _____ |
| Name _____ | Phone Number _____ |

Special Needs Information: meal allergies and sickness

Please list any special need that your child may have or any information that is critical to the positive development of your child.

Initials

I have received a copy of the Parent Handbook and a copy of the Mississippi State Department of Health Regulation Summary for Parents. I have read both of these and understand the contents of each. Yes ☐ No ☐ _____

Photography Authorization (☐ Not Applicable- No photographs or Video Tapes made) Yes ☐ No ☐ _____
I give my permission for the child listed on this application to be photographed or video taped while in attendance at this center during activities.

I give my permission for the child listed on 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. Yes ☐ No ☐ _____

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. Yes ☐ No ☐ _____

*Special instructions concerning your child if medical treatment is prohibited due to religious reasons

Reason for withdrawal:

Is your child toilet trained? Yes ☐ No ☐ If, no, I understand that there will be a conference with my child's caregiver when my child begins toilet training.

My child will eat breakfast at the facility Yes ☐ No ☐ If, no, I understand that I must feed my child before arrival to the facility.
What meals are needed? ___ am snack ___ Lunch ___ pm snack ___ Supper ___

| | |
|---------------------------------|------------|
| Parent/Guardian Signature _____ | Date _____ |
|---------------------------------|------------|

Printed Name _____

Center Staff _____

Title _____