

Goodyear Family Ministries
Preschool, Daycare, and After School Care Application

Parents, for your child's safety and well being, it is required by the Mississippi State Department of Health and our Child Care Licensure Inspector that this application be filled out in its entirety. If the item is not applicable to your child, then please answer N/A. Do not leave anything blank.

Child's Full Name: (First) _____ (Middle) _____ (Last) _____

DOB: _____ Home Address: _____

Home Phone: _____

Circle Position Applying For: _____

Daycare After School

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

Place of Employment: _____ Place of Employment: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail Address: _____ E-mail Address: _____
.....

List any special needs your child may have:

.....

Read and INITIAL the appropriate answer to the following items:

I have been informed that this Center DOES provide liability insurance for my child: _____ YES _____ NO
I have been given a copy of and read the Parent Handbook for this center: _____ YES _____ NO
A completed 121 Form (shot record) is on file with this facility before my child attends: _____ YES _____ NO

*******PLEASE CONTINUE ON NEXT PAGE*******

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

1. Name: _____ Relationship: _____

Phone Number: (1) _____ (2) _____

2. Name: _____ Relationship: _____

Phone Number: (1) _____ (2) _____

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, including food? Please List: _____

My child is toilet trained _____ YES _____ NO. If no and you are interested in the center potty training your child, a consultation between you and the caregiver will need to take place.

My child will eat breakfast at the center . YES _____ NO. If not your child must eat breakfast BEFORE coming to the center. Breakfast is served from 7:15 to 7:45 a.m.

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

My child may be photographed at the child care center: _____ YES _____ NO

The childcare center may give my child emergency medical treatment if needed: _____ YES _____ NO

Parent Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

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

Signature: _____ Date: _____

Signature: _____ Date: _____