

**Woodlawn Baptist Church
Kindergarten and Day Care**

Circle One: Kindergarten, Kindergarten & Day Care, Day Care

Child's full name _____ Sex _____ SS# _____

Name by which you prefer him called _____ Age _____ Birth _____
mo / day / yr

Address _____ Home Phone _____

Is your child enrolled in Sunday School? _____ Where? _____

Father's Name _____ Company _____

Business Address _____ Bus. Phone _____

Church Member? _____ Where? _____ Active? _____

Mother's Name _____ Company _____

Business Address _____ Bus. Phone _____

Church Member? _____ Where? _____ Active? _____

Parents' Marital Status: Married _____ Separated _____ Divorced _____

Brothers and Sisters: _____ Age _____, _____ Age _____

Name, address and telephone of at least two responsible persons to contact in an emergency and are authorized to pick up your child, if the parent or guardian cannot be located promptly:

1. _____

2. _____

List all persons, other than parents and emergency contacts, who are authorized to pick up your child:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Person must present proper identification if requested.

Special information concerning child's growth and development: _____

Special abilities of the child: _____

Pertinent medical history / special medical needs: _____

Other information critical to the child's well being: _____

Physical or emotional problems: _____

Special precautions for diet, medication or activity (includes allergies): _____

Any special adaptations that are necessary for the child to participate effectively in the facility: _____

PHOTOGRAPHY RELEASE

Woodlawn Baptist Church Kindergarten and Day Care has my permission to photograph my child for possible release to news media.

Signed: _____ Date: _____

Parent

Agreement: I have received and read information concerning the Facility's policies and procedures and a copy of the child care regulations summary for parents. I also accept the policies and regulations of the child care center and release it from any liability for injuries or illnesses resulting from conditions or circumstances beyond its control.

Mother _____ Date _____

Signature

Father _____ Date _____

Signature

REQUEST FOR TREATMENT OF MINOR

CHILD'S NAME _____ DATE OF BIRTH _____

DOCTOR _____ TELEPHONE _____

HOSPITAL _____ TELEPHONE _____

INSURANCE _____ POLICY NO. _____

GUARANTOR _____ ALLERGIES _____

KNOWN MEDICAL PROBLEMS _____

(I) (We), the undersigned parents of _____, a minor, do hereby appoint Woodlawn Baptist Church Kindergarten and Day Care, as our agent and attorney-in-fact for and on behalf of the undersigned, empowering them to authorize any diagnostic examination and medical treatment of said minor including x-ray, anesthetic, medical and surgical treatment, including hospital and nursing care deemed advisable and rendered under the supervision, direction, or order of any physician or surgeon which is a member of the medical staff of the above listed hospital, whether such diagnosis, treatment, or medication is rendered at the office of said physician or at said Hospital or elsewhere.

It is understood that this authorization is given in advance of any specific diagnostic examination, treatment, medication or hospital care being required, but is given to provide authority and power on the part of our aforesaid agents to give consent to and authorize any and all such diagnostic examinations, treatment, medication, hospital or nursing care which the aforesaid physician(s) in the exercise of his/their judgment may deem advisable, order, or prescribe.

This authorization shall remain effective until: (Circle one)

- 1. I am contacted by the hospital.
2. I arrive at the hospital.

THIS the _____ day of _____, 19____.

Father _____ Mother _____
Signature Signature

Legal Guardian: _____ Date _____
Signature

Witness: _____ Witness: _____
Signature Signature

CHILD CARE REGULATIONS SUMMARY FOR PARENTS

A license to operate a child care facility has been required by law in Mississippi since 1972. In the 1990 regular session of the legislature, the law was revised to provide regulation of child care up to age 13 for any part of a 24 hour day.

The regulations, which went into effect October 1, 1990, require that parents be informed with a summary of the licensing standards. These standards include the following (page numbers represent the page to refer to in the regulations book receivable at the Health Department):

1. Purpose of child care licensure	page 1
2. Legal authority, legal action and penalties	page 1, 90, 91
3. Types of licenses and their display	page 5, 6
4. Inspections, sanitation	page 6, 25
5. Food service, nutrition	page 23, 26
6. Staffing ratio	page 15
7. Program of activities - daily schedule	page 16
8. Building and ground requirements	page 18
9. Infant and toddler care and children with special needs	page 32
10. Night care	page 31
11. School age care	page 33
12. Pre-school half-day programs	page 33
13. Summer day camps	page 33
14. Hourly care facilities	page 50
15. Facility policy and procedures	
a. administration	page 6
b. personnel requirements	page 9
c. parental involvement	page 11
d. records and reports	page 12
16. Health and safety	
a. Staff and child health	page 21
b. Excluding sick children and exclusion guidelines	page 21
c. Medication and documentation	page 23
d. Discipline and guidance	page 24
e. Transportation policies	page 25

The child care center must have a copy of the regulations available for parents to review when requested.

Contact the Mississippi State Department of Health if you have any questions, problems or complaints by calling 960-7613. Complaints must reflect a clear violation of the regulations.

FOR OFFICE USE ONLY

Additional information required in child's record. All records and parental authorizations must be updated at least annually.

Date of acceptance / enrollment _____

Parental Authorizations - signed, dated and in record:

1. Who is allowed to pick up and receive the child.
2. Photography permission
3. Permission for emergency medical treatment

Up-to-date immunization record - Form 121 immunization form filled out, signed and dated.

(Note - reports of accidents, illnesses or any serious occurrences involving a child should be kept in the child's record. Special activities or achievements shall be recorded in the child's record or in center records.)

Records updated: _____

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date

Parent's Signature

Date

Parent / Staff consultation on toilet training (if applicable) : Date _____

Date of withdrawal: _____ Reason: _____

Comments: _____
