Byram Learning Center, Inc. Kindergarten and Daycare

Application for enrollment

Office use only: Date application returned: _____ Registration paid: _____

Enrolled for:

____Infant Room ____1K ____2K ___3K ___4K ____Afterschool Care **Starting date**:_____

Child's Name _____ Birthday _____ Age _____
Sex _____ Race _____

Home Address _____Home Phone_____
Street City State Zip

Mother's Name_____Place of Business_____
Business Address _____Business Phone _____
Cell Number _____ E- mail address: _____

Father's Name _____Place of Business _____
Business Address _____ Business Phone _____
Cell Number _____ E-mail address: _____
Parent's Marital Status: Married Separated Divorced Widowed Single

With whom does the child live? _____

Who will bring and pick up your child each day? _____

Previous kindergarten or daycare attended: _____
How did you learn about our program? _____

Name, address and phone number of people (2) who would assume responsibility for your child in an emergency when we are unable to contact parents:

1. _____ Phone: _____
   _____
2. _____ Phone: _____
   _____

List name, address, and phone number of people (2) who can pick up your child, other than the parents.

1. _____ Phone: _____
   _____
2. _____ Phone: _____
   _____

Is your child toilet trained? _____Breakfast option: Will your child eat breakfast at the center? _____

(Over)

Medication and drugs are regularly taken by your child that we should be aware of:

Please list any allergies: _____

Any unusual health conditions: Diabetes_____Heart_____Seizures_____Other_____

Is your child allergic to any medications? _____

Other information critical to your child's well being, special information concerning your child's growth and development, pertinent medical history, special medical needs, etc:

_____

_____

Medical Release: Permission is granted to meet the needs of my child in case of an emergency. The parent is responsible for all expenses incurred. **Parent's Signature: ____**_____

Child's Doctor or Medical Provider _____Phone: _____

Address: _____

Hospital Preference_____Phone _____

Field Trip Permission: It is necessary that this form remains on file for every child in our program. No child will be allowed to leave the center without parental permission. A notice of each field trip will be sent home prior to each trip. I give my permission for my child to go on field trips and participate in activities that take place with Byram Learning Center, Inc.
Yes ____ No _____ **Parent's Signature** _____ **Date:** _____

School-age Children: By signing you are giving Byram Learning Center, Inc. permission to transport your child to and from school. **Parent's Signature**: _____ **Date**:

Ph**otographs:** I give my permission for my child to be photographed by daycare personnel or by a photographer on picture day. Yes _____No _____ I give permission for my child's picture to be taken and put on the BLC Facebook page and website. No names will be associated with the pictures.
Yes ____ No____ **Parent's Signature: _____Date: _____**

Release of Liability: I release Byram Learning Center, Inc., its staff, employees, parents of enrolled children of BLC, enrolled children of BLC, Board of Directors, Advisory Board, etc. from any legal responsibility for any injuries or damages sustained to my child(ren) as a result of or in any way connected with his/her attendance and/or participation in activities of BLC unless the childcare facility has acted willfully or has been grossly negligent.
Parent's Signature: _____Date: _____

I have received a copy of the Child Care Regulation Summary as required by the Mississippi State Department of Health and a copy of the facility's policies and procedures included in the handbook. My signature below shows my acceptance of the policies, procedures, and regulations, of the Board of Directors, Advisory Board, and Administration, set forth in the handbook. **Parent's Signature**: _____ **Date:** _____