



Enrollment Form

Attendance: _____

Child's Name _____ We call Him/Her _____

Address _____ Phone _____

Age _____ Date of Birth _____ / _____ / _____ Sex _____ Is Child Adopted? _____
Month/Day/Year

Mother's Name: _____ Occupation: _____

Business Name: _____ Work number: _____

Email Address: _____ Cell Number: _____

Father's Name: _____ Occupation: _____

Business Name: _____ Work Number: _____

Email Address: _____ Cell Number: _____

Marital Status of Parents:

- Married Separated Divorced Widowed Single Parent

Place check mark by status: Hinds Student Hinds Faculty/Staff Community

Brothers and Sisters and their ages _____

Date of Acceptance _____ Date of Withdrawal _____

Reason of Withdrawal _____

.....

HEALTH RECORD

Please check any of the following conditions your child has had:

- Measles Heart Problems Chicken Pox
 - Mumps Ear Infections Serious Injury or Surgery: _____
 - Rubella Diabetes Allergies: _____
 - Any other information we need to know? _____
- _____
- _____

List name, address and phone numbers of two individuals (other than parents) to contact in an emergency if the parents cannot be located immediately.

Name: _____

Address: _____

Relationship _____ Phone: _____ Cell/Work: _____

Name: _____

Address: _____

Relationship _____ Phone: _____ Cell/Work: _____

In a medical emergency call: Doctor: _____ Phone: _____

In a medical emergency, and in the event that I cannot be reached immediately, I give my permission to take my child _____ to the nearest hospital, which is Merit Health Medical.

Parent's Signature _____ Date _____



TOILET TRAINING

I understand that a consultation with the director/caregiver is needed prior to requesting to begin toilet training for my child.

Parent's Signature _____ Date _____



FIRST AID PERMISSION

I give my permission for a First Aid Certified HCC staff member to administer First Aid to my child _____
_____ if the need arises.

Parent's Signature _____ Date _____



FIELD TRIP PERMISSION

I give permission for my child _____ to participate in all planned field trips sponsored by Hinds Community College Early Childhood Education Center. I understand that I will be notified by newsletter ahead of time of the date and location of the said trip.

Parent's Signature _____ Date _____



PHOTOGRAPH PERMISSION

I give permission for my child _____ to be photographed for educational purposes.

Parent's Signature _____ Date _____



TUITION AGREEMENT

My child's tuition is _____ per week and will be paid as instructed by the Hinds Community College business office.

I am knowledgeable of the payment instructions and agree to accept the policies and regulations of the Hinds Community College Early Childhood Education Center.

Parent's Signature _____ Date _____



EDUCATION AGREEMENT

I am aware that my child _____ will be observed and interacted with by students at Hinds Community College for educational purposes.

Parent's Signature _____ Date _____



PARENT HANDBOOK

I have received a copy of the parent handbook which explains the facility’s policies, days of operation and closing procedures, and a copy of the Child Care Regulations Summary for parents.

Parent’s Signature _____ Date _____



RELEASE FORM

My child may be dropped off or left with the following people **AT ANY TIME**:

Relation: Ex-Spouse, Grandparent, Aunt/Uncle, Friend, Neighbor, Other-please specify.

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

My child may be dropped off or left with the following people with my **VERBAL** permission:

Relation: Ex-Spouse, Grandparent, Aunt/Uncle, Friend, Neighbor, Other-please specify.

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

I understand that my child will not be released to anyone other than the names listed above.

Parent’s Signature _____ Date _____



Note: Reports of accidents, illnesses, special activities or achievements should be kept in the child’s records or in Hinds ECEC records.

Parent’s Signature _____ Date _____

Parent’s Signature _____ Date _____

Formal conferences with parent(s) on child’s progress held on:

Date _____ Date _____ Date _____

RELEASE STATEMENT

I understand that Hinds Community College Early Childhood Education Center does not provide liability or accident insurance; therefore, I release the center from any liability for injuries or illnesses from conditions and circumstances beyond its control.

Parent’s Signature _____ Date _____