



Blessed Beginnings @ Lakeshore

6880 Siwell Road Byram, Mississippi 39272 /601.376.4140

Enrolling for:

Kindergarten only _____ Kindergarten/Daycare _____ Daycare Only _____ After-School Care _____

Child's Name _____ Age _____

Birth Date _____ Sex _____ Start Date _____

Parent's Marital Status _____ Who has custody of child? _____

MOTHER:

Name _____

Address _____

e-mail _____

Phone #s: Home _____

Wk _____ Cell _____

FATHER:

Name _____

Address _____

e-mail _____

Phone #s: Home _____

Wk _____ Cell _____

Name & Address of Employer:

Name & Address of Employer:

The following persons are authorized to pick up my child:

- 1) _____ 2) _____
- 3) _____

Name, address, phone numbers of two people to contact in case of emergency, if we are unable to contact parents, and their relationship to your child.

- 1) _____ 2) _____
- _____

Are you a member of this church? _____ If not, what church do you attend _____

Referred by? _____

Previous child care center or kindergarten attended _____

Is your preschooler potty trained? _____

List names and ages of brothers and sisters _____

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. All medical expenses will be paid by the parents.

Parent's signature _____ Date _____

Child's physician _____ phone _____

Please list any special need that your child may have. Include any allergies or unusual conditions.

I give permission for my child to be photographed by the center for such things as newspaper articles, art projects, Blessed Beginnings @ Lakeshore Facebook page, etc. I give permission for my child to go on any field trips taken this year. I understand that I will receive advance notification of such field trips.

Parent's signature _____ Date _____

Please check one:

_____ I feed my child breakfast at home.

_____ My child will eat breakfast at the center.

Parent's signature _____

registration form.wps

FOR OFFICE USE ONLY	
Date of Acceptance:	_____
Form 121 yes no Date received:	_____
Date of withdrawal:	_____ Reason for withdrawal: _____
Updates:	_____, _____, _____