



LAKELAND
LEARNING
CENTER

PRESCHOOL ENROLLMENT APPLICATION

Parents, to **protect and promote the health and safety of your child**, please supply a complete response to every item on this form. This information is **required** by the Mississippi State Department of Health. If the item is not applicable, then please answer N/A. Please do **NOT** leave anything blank.

__ / __ / ____

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

(Date of Birth)

Male

☐

Female

☐

DAYS ATTENDING: 2 Days

☐

3 Days

☐

Full Time

☐

If custody is shared by both parents/ guardians, facility will abide by documentation provided on this enrollment application.

MOTHER/ GUARDIAN:

Does this parent have primary custody?

YES

☐

NO

☐

Does this parent have court documentation?

YES

☐

NO

☐

Home Address: _____

Cell Phone: _____

E-mail address: _____

Place of Employment: _____

Work Phone: _____

FATHER/ GUARDIAN:

Does this parent have primary custody?

YES

☐

NO

☐

Does this parent have court documentation?

YES

☐

NO

☐

Home Address: _____

Cell Phone: _____

E-mail address: _____

Place of Employment: _____

Work Phone: _____

List any **special needs** your child may have: _____



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Does your child have any allergies? Please list, including food, if necessary:

READ AND INITIAL THE APPROPRIATE ANSWER TO THE FOLLOWING ITEMS:

- * I have been informed that Lakeland Learning Center does NOT provide liability insurance: YES ☐ NO ☐
- * I have been given a copy of and have read the MSDH Regulation Summary for Parents: YES ☐ NO ☐
- * I have been given and have read and understood the Lakeland Learning Center Parent Handbook: YES ☐ NO ☐
- * Complete 121 Immunization Compliance Form is on file in the facility before the child attends: YES ☐ NO ☐

IN CASE OF EMERGENCY AND THE PARENT/ GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:

1. Name: Relationship:
Home: Cell: Work Phone:

2. Name: Relationship:
Home: Cell: Work Phone:

3. Name: Relationship:
Home: Cell: Work Phone:

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP AND DROP OFF MY CHILD/ CHILDREN:

1.
2.
3.

DO NOT RELEASE MY CHILD/REN UNDER ANY CIRCUMSTANCES TO: _____

My child is toilet trained: YES ☐ NO ☐ . If no, I (Parents name)

understand that my child cannot move to the three year old room until being fully potty trained.



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COMPLETE EACH OF THE FOLLOWING SECTIONS BY INITIALING EITHER YES OR NO:

- My child may be photographed at the child care center: YES ☐ NO ☐
- My child's picture may be posted on social media (Facebook, Instagram, etc..) YES ☐ NO ☐
- My child may take approved field trips sponsored by the center: YES ☐ NO ☐
- The center may obtain emergency medical treatment for my child if needed: YES ☐ NO ☐

Parent Signature:

(Date)

Director Signature:

(Date)

I understand that the **registration fee (\$125) is nonrefundable** if I decide I no longer want my child to attend, and that the registration fee does not guarantee there will be an opening for my child.

Parent Signature:

DIRECTOR USE ONLY:

Charge date:

Start Date:

Application Fee Paid:

Registration Fee Paid:
