

Lil' Darlings
Application for Admission 2024-2025
1503 West 9th Street
Laurel, MS 39448

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, and our Child Care Licensure Inspector. If the item is not applicable, then please answer "N/A". Do NOT leave anything blank.

Child's Full Name: _____

(First) (Middle) (Last)

Home Address _____ State _____ Zip _____

Sex: M _____ F _____ Race _____ DOB: _____

.....
Mother's Name: _____

Father's Name: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

SS#: _____

SS#: _____

Cell Phone: _____

Cell Phone: _____

E-mail Address: _____

E-mail Address: _____

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List any special needs you child may have: _____

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

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Read and Initial the appropriate answer to the following items:

I have been informed that Lil' Darlings does NOT provide liability insurance for my child: Yes _____ No _____

I have been given and have read and understand the facility's Parent Handbook: Yes _____ No _____

*****PLEASE CONTINUE ON BACK*****

Office Use Only

Registration Fee (amount): _____ pd.(cash/check) Check # _____ 121 Form _____

School Attending _____ Age _____ Grade _____

In case of an emergency and the PARENTS cannot be reached, contact the following:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

The following people are authorized to pick up and drop off my child/children:

1. Name: _____ 2. Name: _____

3. Name: _____ 4. Name: _____

Read and Initial the appropriate answer to the following items:

My child may be photographed at the child care center: Yes _____ No _____

My child may take approved field trips sponsored by the child care center: Yes _____ No _____

The childcare center may give my child emergency medical treatment if needed: Yes _____ No _____

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Child's T-shirt size: _____

Child's Schedule: Days of Week ___M___T___W___T___F Starting Date: _____

Parent Signature: _____ Date: _____

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Record updated & signed by parent (once a year):

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____