



Specialized Services for
Exceptional Learners!

Gulf Coast
Montessori
Preschool

(228) 806-0616
15489 Dedeaux Rd.
Gulfport, MS 39503

Childcare 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: _____ DOB: _____
(First) (Middle) (Last)

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: (_____) - _____ - _____ Cell Phone: (_____) - _____ - _____

Mother/Guardian: _____ Father/Guardian: _____
(First) (Last) (First) (Last)

Place of Employment: _____ Place of Employment: _____

Work Address: _____ Work Address: _____

Work Phone: (_____) - _____ - _____ Work Phone: (_____) - _____ - _____

Cell Phone: (_____) - _____ - _____ Cell Phone: (_____) - _____ - _____

E-mail Address: _____ E-mail Address: _____

Please check here if this parent has primary custody

Please check here if court documentation received

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Please check here if court documentation received

***If custody is shared by both parents/guardians, facility will abide by documentation provided on this enrollment application.
*If court documentation was received, we will need copies of documentation for our records for child's safety.**

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

Does your child have any **allergies**? Please list any food, medication, environment, insects, etc....(if child has no allergies, please write none or unknown) _____

Read and INITIAL the appropriate answer to the following items:

I have been informed that this Pre-school **DOES** have liability insurance for my child: _____ Yes _____ No
I have been given a copy of and read the MSDH Regulation Summary for Parents: _____ Yes _____ No
I have been given and have read and understand the facility's Parent Handbook: _____ Yes _____ No
Complete 121 Immunization Compliance Form is on file in the facility before the child attends: _____ Yes _____ No



In case of an emergency and the Parent(s)/Guardian(s) cannot be reached, please contact names below:

1. Name: (First) (Last) Phone: () - -
Address: (Street) (City) (State) (Zip Code) Relationship:
2. Name: (First) (Last) Phone: () - -
Address: (Street) (City) (State) (Zip Code) Relationship:
3. Name: (First) (Last) Phone: () - -
Address: (Street) (City) (State) (Zip Code) Relationship:

The following people are authorized to pick-up/drop-off my child/children: Must show a picture ID in order to pick-up, NO exceptions.

1. Self: 2. Name:
3. Name: 4. Name:
5. Name: 6. Name:

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 used in media, i.e., Facebook, newspaper, 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
My child is toilet trained Yes No. If no, a consultation between the parent/guardian, director, and teacher is required to be documented prior to toilet training and kept on file. Date of consultation: / /
My child will eat breakfast/morning snack at the center Yes No. If no, my child will eat BEFORE coming into the center

Parent/ Guardian Signature: Date: / /

Director Signature: Date: / /

Record to be updated & signed by parent/guardian if NO changes (once a year)

Signature: Date: / /

Signature: Date: / /

DIRECTOR USE ONLY: Enrollment date: / / Start Date: / / Withdrawal: / /