

# KIDS' KINGDOM LEARNING CENTER

19 Bates Road - Laurel, MS 39443  
(601) 649-1299 Fax: (601) 649-4616

Office Use Only: Registered : \_\_\_ / \_\_\_ / \_\_\_ Began Attending: \_\_\_ / \_\_\_ / \_\_\_ Withdrawal: \_\_\_ / \_\_\_ / \_\_\_

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, Child Care Licensure Branch. If the item is not applicable, then please answer N/A.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Provider: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Drivers License # \_\_\_\_\_

2. Name: \_\_\_\_\_ Drivers License # \_\_\_\_\_

3. Name: \_\_\_\_\_ Drivers License# \_\_\_\_\_

4. Name: \_\_\_\_\_ Drivers License # \_\_\_\_\_

5. Name: \_\_\_\_\_ Drivers License # \_\_\_\_\_

6. Name: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Read and INITIAL the appropriate answer to the following items:

Up-to-date MS Immunization Compliance Form #121 is on file at *Kids Kingdom* before the child attends: \_\_\_ Yes \_\_\_ No  
If no #121 is on file, then your child cannot attend!

I have been informed that *Kids Kingdom* does (or does not) provide **liability insurance** for my child: \_\_\_ Yes \_\_\_ No

I have been given a copy and have read a copy of the **MSDH Regulation Summary for Parents**: \_\_\_ Yes \_\_\_ No

My child may be **photographed/videotaped** at/by *Kids Kingdom*: \_\_\_ Yes \_\_\_ No

My child may take approved **field trips** sponsored by *Kids Kingdom*: \_\_\_ Yes \_\_\_ No

*Kids Kingdom* is authorized to administer first aid or seek **emergency medical treatment** for my child: \_\_\_ Yes \_\_\_ No

I am aware that tuition is due on **Monday** of each week/drop off is by **9 AM**/must give **2 week notice** to terminate. \_\_\_\_\_

My child is **toilet trained**: \_\_\_ Yes \_\_\_ No. If no, a consultation between the parent and caregiver is required to be documented prior to toilet training. Date of consultation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

List any **special needs, disabilities, developmental delays** of the child: \_\_\_\_\_  
\_\_\_\_\_

Please list **all allergies** including any **food allergies** that your child has.  
\_\_\_\_\_

*Kids Kingdom* may administer OTC (over-the-counter) products to my child. (Including but not limited to sunscreen, insect repellent, antibacterial ointment, calamine lotion etc.)

Info you want us to know to help us care for your child:  
\_\_\_\_\_  
\_\_\_\_\_

Hours of Service Needed: 6AM 7AM 8AM 9AM 10AM 11AM 12PM 1PM 2PM 3PM 4PM 5PM 6PM

Meals expected to partake: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Snack \_\_\_\_\_

Church Membership is where: \_\_\_\_\_

Church you Attend: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_