



## Brickfire Project Childcare Enrollment Form

\_\_\_ Daycare  
\_\_\_ Before & After School  
\_\_\_ Summer Camp

Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_  
Child's Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Child's Social Security #: \_\_\_\_\_  
Home \_\_\_\_\_  
(Street) (City) (State/Zip)

Home telephone #: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Mother's Social Security #: \_\_\_\_\_  
Mother's Birthdate: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Employer #: \_\_\_\_\_

Father's Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Employer #: \_\_\_\_\_

Please List two Emergency Contacts:

Name: _____	Name: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____

Name of Doctor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

### Family Source of Income

Source of Income		Receiving Person	Gross Amount	How Often Paid	I Am Working
Employment Employment	Yes_ No_ Yes_ No_	Self Spouse	\$ _____ \$ _____	_____ _____	
Self-Employment					
SSI					
Child Support/ Alimony					

Do you receive:    Housing? Yes \_\_\_ No \_\_\_    Snap Assistance? Yes \_\_\_ No \_\_\_

I am ( ) In High School ( ) In College

<p><b>FOR OFFICE USE ONLY</b></p> <p>Date of Acceptance: _____</p> <p>Certificate of Immunization Form 121    Yes ___ No ___</p> <p>Date of Withdrawal: _____</p> <p>Reason for withdrawal:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Authorization Update: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

## Parent(s) Rights

The information you share with your provider is confidential. This means that what you tell your provider cannot be shared with anyone other than Brickfire Project Office of Children and Youth (OCY) and the Mississippi Department of Human Services (MDHS) without your permission, except state or federal program review or fiscal agents.

You have the right to view your case file, unless this is prohibited by federal or state law or regulation.

You have the right not to be discriminated against because of your political affiliation, religion, race, color, sex, handicap, national origin or age. If you feel that you have been discriminated against, you should discuss this with the Educational Director. The director can be contacted at 662.323.5321 or 662.617.8125

Any questions or disputes that you may have about this application or agreement which is not disposed of by agreement of the parties hereto shall be decided by the Chief Executive Officer of Brickfire Project. After a review has been conducted by the Chief Executive Officer, the parent/guardian shall be given an opportunity to be heard and offer evidence in support of the questioned decision under review. This decision shall be reduced to writing and a copy thereto shall be mailed or furnished to the parent/guardian and shall be final. Exceptions exist if within thirty days from the date of decision, the parent/guardian mails or furnish the Chief Executive Officer with a written request for review. Pending final decision of the Chief Executive Officer or the designee, Brickfire Project will proceed in accordance with the decision of the Chief Executive Officer.

\_\_\_\_\_  
Client's Name (Please Print)

Date: \_\_\_\_\_

\_\_\_\_\_  
Client's Signature

List any special information concerning the child's growth and development this includes any special needs, allergies, or disabilities:

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The following person(s) is/are allowed to pick up and drop off my child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

*My child may be photographed or videotaped at the facility* ( ) Yes ( ) No

*My child may participate in the approved field trips sponsored  
By the facility/staff* ( ) Yes ( ) No

*I understand a separate permission for must be completed  
and signed for each field trip* ( ) Yes ( ) No

*The facility has my permission to obtain and use emergency  
medical treatment if needed* ( ) Yes ( ) No

*Is your child toilet trained?* ( ) Yes ( ) No  
*If no, I understand that there will be a conference with my child's caregiver when my child  
begins toilet training.*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

*My child will eat breakfast at the facility.* ( ) Yes ( ) No  
*If no, I understand that I must feed my child before arrival to the facility*

Brickfire Project does cover liability insurance. Brickfire Project Daycare Center is covered under Starkville Housing Authority.

I have received information concerning the facility's policies and procedures and a copy of the Child Care Regulations Summary for Parents.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

Hours of Care Needed: \_\_\_\_\_

Days Needed: \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs \_\_\_ Friday

Meals Needed: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ A.M. Snack \_\_\_\_\_ P.M. Snack \_\_\_\_\_

Special needs of child: \_\_\_\_\_

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Medical Information (Allergies, Sickness)

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