

# AFTER ZONE CHILD REGISTRATION FORM

Parents,

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 NA. Please do NOT leave anything blank.

Child's Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Male  Female

Date of Birth: \_\_\_\_\_ Home Address \_\_\_\_\_

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

.....  
Mother/Guardian Name: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Please check if this parent has primary custody

Please check if this parent has primary custody

Please check if court documentation received

Please check if court documentation received

*\*If custody is shared by both parents/guardians, the facility will abide by documentation provided on this registration form\**

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

Work Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

.....  
School your child will be attending: \_\_\_\_\_ Grade: \_\_\_\_\_

After Zone Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (This is the date we will begin billing you on Brightwheel)

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

List any special needs your child may have: \_\_\_\_\_

.....  
Read and INITIAL by the appropriate answer to the following items:

I have been informed that After Zone does provide liability insurance for my child: \_\_\_ Yes \_\_\_ No

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

I have been given a copy of and have read and understand the facility's Parent Handbook: \_\_\_ Yes \_\_\_ No

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

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

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

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

1. Name: \_\_\_\_\_ 3. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

\*\*\*\*\*

Complete each of the following sections by INITIALING either yes or no:

My child may be photographed/videoed at the childcare center: \_\_\_\_\_ Yes \_\_\_\_\_ No

My child may take approved field trips sponsored by the childcare center: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

\*\*\*\*\*

Record updated & signed by parent if no changes (once a year):

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

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

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

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