



## AFTER SCHOOL 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: (First) / (Middle) / (Last) (Date of Birth)

Male ☐ Female ☐ **DAYS ATTENDING:** 3 Days ☐ Full Time ☐

**SCHOOL PICK UP:**

Grade: <input type="text"/>	Ann Smith <input type="radio"/>	Highland <input type="radio"/>	Madison Avenue <input type="radio"/>
	Madison Station <input type="radio"/>	Mannsdale <input type="radio"/>	

*\*If custody is shared by both parents/ guardians, facility will abide by documentation provided on this enrollment application.\**

**MOTHER/ GUARDIAN:**

Does this parent have primary custody? YES ☐ NO ☐

Does this parent have court documentation? YES ☐ NO ☐

Home Address:

Cell Phone:

E-mail address:

Place of Employment:

Work Phone:

**FATHER/ GUARDIAN:**

Does this parent have primary custody? YES ☐ NO ☐

Does this parent have court documentation? YES ☐ NO ☐

Home Address:

Cell Phone:

E-mail address:

Place of Employment:

Work Phone:



HIGHLAND  
LEARNING  
CENTER



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

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

**READ AND INITIAL THE APPROPRIATE ANSWER TO THE FOLLOWING ITEMS:**

- I have been informed that Highland Learning Center does NOT provide liability insurance: YES ☐ NO ☐
- I have been given a copy of and have read the MSDH Regulation Summary for Parents: YES ☐ NO ☐
- I have been given and have read and understood the Highland Learning Center Parent Handbook: YES ☐ NO ☐
- Complete 121 Immunization Compliance Form is on file in the facility before the child attends: YES ☐ NO ☐

**IN CASE OF EMERGENCY AND THE PARENT/ GUARDIAN CANNOT BE REACHED, PLEASE CONTACT:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP AND DROP OFF MY CHILD/ CHILDREN:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**DO NOT RELEASE MY CHILD/REN UNDER ANY CIRCUMSTANCES TO:** \_\_\_\_\_



HIGHLAND  
LEARNING  
CENTER



---

**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 posted on social media (Facebook, Instagram, 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 ☐
- 

*Parent Signature:*

*(Date)*

*Director Signature:*

*(Date)*

I understand that the **registration fee (\$100) is nonrefundable** if I decide I no longer want my child to attend, and that the registration fee does not guarantee there will be an opening for my child.

*Parent Signature:*

---

**DIRECTOR USE ONLY:**

*Charge date:*

*Start Date:*

*Application Fee Paid:*

*Registration Fee Paid:*

---