

____Fulton

____Tupelo



____Date Accepted

**Early Childhood Education Program
Child Care Center Application**

Name _____
Last First Middle

Date of Birth _____ Phone Number _____
Month Day Year

Address _____
House Number and Street City State Zip

Parent Information

Father _____
Name Occupation Business Phone

Mother _____
Name Occupation Business Phone

Marital Status _____Married _____Divorced _____Separated _____Single

Other Family Members in Home

Brothers (Names)	Age	Sisters (Names)	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Local Family Doctor _____ Phone _____

*In case of an accident or illness, I authorize you to secure the services of the above physician or other competent physician if the above cannot be located immediately.

Parent or Guardian's Signature Date

*My child has permission to go on planned field trips with the school.

Parent or Guardian's Signature Date

*Itawamba Community College has permission to photograph my child, _____.

Parent or Guardian's Signature Date

I, _____, hereby authorize the following people to pick up
Parent or Guardian

_____. Person(s) must present proper identification if requested.
Child's Name

Any changes regarding pick up of a child must be in writing.

1. _____
2. _____
3. _____
4. _____
5. _____

Child's Adjustment *(Complete the section on children 5 and under only.)*

1. Reaction of child when left in care of other person(s) if any?

2. What other group experiences has he/she had?

3. What are his/her preferred play activities?

4. Does he/she play with other children at home? _____ Yes _____ No

5. Do you feel that he/she is well adjusted in group play? _____ Yes _____ No

6. Does he/she prefer to play outside? _____ Yes _____ No

7. Time spent with mother _____
Time spent with father _____
Time spent with other adults _____
Activity during that time _____

8. Method of discipline used at home

9. Any information or problem which the teacher should know (fears or phobias)?

Hand Preference _____ Left _____ Right
Ages the following occurred _____ Sitting Alone _____ Creeping _____ Walking _____ Talking
Are there any speech defects, such as stammering or lisping? _____ Yes _____ No
If yes, describe. _____

If you have any other comments concerning your child, list them in the space provided below.

Child's Habits *(Complete the section on children five and under only.)*

1. Elimination
 - A. Age training started for bowel control _____
 - B. Age training started for bladder control _____
 - C. Present bowel control
Time _____ Morning _____ Afternoon
Does your child need help? _____ Yes _____ No
If yes, describe. _____
2. Eating
 - A. Early History _____ Breast Feed _____ Bottle Feed _____
Age Weaning Was Started _____ Method Used _____
Success _____ Interest in Eating _____
 - B. Food Likes _____

3. Sleeping
 - A. Usual Bedtime _____ Rising Time _____
Nap Time _____ Is he/she a restless sleeper? _____ Yes _____ No

Health Record

Check diseases that child has had

_____ Measles _____ Mumps _____ Whooping Cough
_____ Chicken Pox _____ German Measles
_____ Other _____

Date of Last Immunization Shots _____
Vaccination _____

Any known food allergies _____

Any known contact allergies _____

Is there anything that would inhibit your child's activity or prevent him/her from taking part in any activity? _____

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I have read and understand all of the information included in this application.

Parent/Guardian's Signature

Date

Return application to

**Tupelo Campus
ICC Early Learning Center
2176 South Eason Boulevard
Tupelo, MS 38804**

**Fulton Campus
ICC Child Development Center
602 West Hill Street
Fulton, MS 38843**

Note: If you or your child would like to visit the center, observe the center activities or if you would like a conference with center personnel, call

- **Early Learning Center at 662.620.5236 or**
- **Child Development Center at 662.862.8168**

For Center Use Only

Application Issued By

Date Issued

Application Received By

Date Received