

**MISSISSIPPI CHILD CARE QUALITY STEP SYSTEM
ENROLLMENT FORM**

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Date: _____
Facility Name: _____
Facility MDH License Number: _____ Expiration Date: _____
Director's Name: _____
Telephone Number: (____) _____
Street Address: _____
City: _____ Zip Code: _____

Mississippi Child Care Quality Rating Goal (check one):
 1-STAR 2-STAR 3-STAR 4-STAR 5-STAR
Preferred Period for Monitoring Visit (give a two-week time period): _____

Director's signature: _____

Mail this completed form to:

Mississippi Child Care Quality Step System
C/o Early Childhood Institute
Mississippi State University
P.O. Box 6013
Mississippi State, MS 39762

To Be Completed by Mississippi Child Care Quality Step System

MDH license verified
 Monitoring Visit scheduled (insert date and time): _____

Signature: _____

Date: _____