



**MISSOURI DEPARTMENT OF HEALTH
BUREAU OF CHILD CARE
CHILD ENROLLMENT**

CHILD'S NAME		SEX	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		HOME TELEPHONE NUMBER ()	
OPTIONAL	SCHOOL CHILD ATTENDS		
	NAME	TELEPHONE NUMBER ()	
	ADDRESS (STREET, CITY, STATE, ZIP CODE)		
IDENTIFYING INFORMATION			
A) MOTHER'S OR BUARDIAN'S NAME		HOME TELEPHONE NUMBER ()	
ADDRESS (<input type="checkbox"/> SAME AS CHILD/ OR STREET, CITY, STATE, ZIP CODE)			
EMPLOYED BY (OR SCHOOL ATTENDED)		HOURS OF EMPLOYMENT FROM TO	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		BUSINESS TELEPHONE NUMBER ()	
B) FATHER'S OR GUARDIAN'S NAME		HOME TELEPHONE NUMBER ()	
ADDRESS (<input type="checkbox"/> SAME AS CHILD/ OR STREET, CITY, STATE, ZIP CODE)			
EMPLOYED BY (OR SCHOOL ATTENDED)		HOURS OF EMPLOYMENT FROM TO	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		BUSINESS TELEPHONE NUMBER ()	
EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR) AT LEAST ONE REQUIRED			
NAME		TELEPHONE NUMBER ()	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		RELATIONSHIP	
OPTIONAL	NAME		TELEPHONE NUMBER ()
	ADDRESS (STREET, CITY, STATE, ZIP CODE)		RELATIONSHIP
PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY:			
NAME		NAME	
COMMENTS ON CHILD'S DEVELOPMENT (NOTE ALLERGIES, HABITS, SPECIAL LANGUAGE, ETC.)			
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TO BE COMPLETED BY CHILD CARE FACILITY			
ADMISSION DATE			
ENROLLED FOR (DAYS OF WEEK)			
HOURS PER DAY FROM TO			
DISCHARGE DATE (TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE)			

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice.

If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize _____

PROVIDER

(Please list name & phone # of doctor, hospital or both)

To Contact Doctor/Clinic:

NAME	TELEPHONE ()
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ADDRESS (STREET, CITY, STATE, ZIP CODE) - OPTIONAL

For Emergency Medical Treatment Of My Child, My Preferred Hospital Is:

NAME	TELEPHONE ()
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ADDRESS (STREET, CITY, STATE, ZIP CODE) - OPTIONAL

TRIP AND ACTIVITY PERMISSION

I do do not give consent for my child to take part in field trips or excursions with this child care facility under proper supervision.

I understand I will be notified when such trips are planned and that I must give written permission for each field trip or excursion.

I do do not give permission for the facility to transport my child to and from school.

NAME OF SCHOOL	ADDRESS
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AGREEMENTS

- a) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior etc.
- b) When my child is ill, it is understood and agreed that s/he may not be accepted for care.
- c) I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
- d) I have been informed that a copy of the Licensing Rules for Family Child Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Care Centers in Missouri is available at this facility for review.

PARENT/LEGAL GUARDIAN SIGNATURE	DATE
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HEALTH REPORT FOR SCHOOL-AGE CHILD**CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS:

ANY SPECIAL MEDICATIONS AND/OR RESTRICTIONS:

THIS CERTIFIES THAT MY CHILD IS, TO MY KNOWLEDGE, IN GOOD HEALTH AND FREE OF DISABILITIES THAT WOULD ENDANGER HIM/HER OR OTHER CHILD IN DAY CARE.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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