

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME					ADMISSION DA			ATE	DISCHARGE DATE		
CHILD'S NAME					GENDER				BIRTHDATE		
ADI	ADDRESS (STREET, CITY, STATE, ZIP CODE)										
IDENTIFYING INFORMATION											
MOTHER'S/GUARDIAN'S NAME							HOME TELEPHONE NUMBER				
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE								CELL PHONE NUMBER			
								ET HORE NOMBER			
E-MAIL ADDRESS											
EMPLOYER OR SCHOOL ATTEND							WORK/SCHOOL SCHEDULE				
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)								WOI	RK TELEPHONE NUMBER		
FATHER'S/GUARDIAN'S NAME								HOME TELEPHONE NUMBER			
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE							CEL	CELL PHONE NUMBER			
E-MAIL ADDRESS											
EMPLOYER OR SCHOOL ATTEND							WORK/SCHOOL SCHEDULE				
ΕMI	PLOYER/SCHOOL AD	DRESS (ST	REET CITY STATE	ZIP CC)DE)			WORK TELEPHONE NUMBER			
LIVII	LOTEN/OUTIOUL AD	DINEGO (OT	KLLI, OIII, OIAIL,	211 00	JDL)			VVOI	AR TELLITIONE NOWIDER		
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.											
ΝΑΙ	ME	,			RELATIONSHIP TO CHILD)	TELEPHONE NUMBERS		
ΔΟΙ	DRESS (STREET CIT	V STATE 7	IP CODE)						(CELL, WORK, HOME)		
ADDRESS (STREET, CITY, STATE, ZIP CODE)											
NAI	ME				RELATIONSHIP TO CHILD)	TELEPHONE NUMBERS (CELL, WORK, HOME)		
ADI	DRESS (STREET, CIT	Y. STATE. Z	IP CODE)						(CELL, WORK, HOIVIE)		
			,								
	MMENTS ON CHILI RSONAL DEVELOR	_	_	NS, HA	ABITS, & IN	DIVIDU	JAL NE	EDS)			
		,	,	,	,			,			
	DEL ATED CHILD										
	RELATED CHILD HOW IS CHILD RELATED TO CHILD CARE PROVIDER?										
	LI YES LI NO										
5	CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED CHECK HERE WHAT DAYS THE WHAT TIME DOES YOUR WHAT TIME DOES YOUR WRITE ANY COMMENTS, CHANGES OR										
MENT	CHILD WILL ATT	END.	CHILD USUALLY ARRIVE		CHILD USUALLY LEAVE		VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.				
REI	WILL CHILD ATT ☐ FULL TIME OR ☐		EACH DAY? CIRCLE AM OR PM		EACH DAY? CIRCLE AM OR PM						
EQUIREM				OII (OLL 7 III)							
RE	MONDAY		AM AM	PM PM		AM	PM PM				
CACFPR	TUESDAY		AM	PM		AM AM	PM				
	THURSDAY		AM	PM		AM	PM				
	FRIDAY		AM	PM		AM	PM				
·	SATURDAY		AM	PM		AM	PM				
	SUNDAY		AM	PM		AM	PM				

_	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY										
JEN.	☐ BREAKFAST ☐ MORNING SNACK ☐ LUNCH ☐ AFTERNOON SNACK ☐ SUPPER ☐ EVENING SNACK ☐ NONE										
REN	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY										
EQUII	☐ NEW YEARS'S DAY (JANUARY)	☐ MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	☐ PRESIDENT'S DAY (FEBRUARY)	☐ EASTER (MARCH/APRIL)							
CACFP REQUIREMENT	☐ MEMORIAL DAY (MAY)	☐ INDEPENDENCE DAY (JULY)	☐ LABOR DAY (SEPTEMBER)	☐ COLUMBUS DAY (OCTOBER)							
CAC	☐ VETERANS DAY (NOVEMBER)	☐ ELECTION DAY (NOVEMBER)	☐ THANKSGIVING (NOVEMBER)	☐ CHRISTMAS DAY (DECEMBER)							
AUTI	HORIZATION FOR EMERG										
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH 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 AUTHORIZE											
DAY OADE DOOMDED OF HOME DOOMDED											
DAY CARE PROVIDER OR HOME PROVIDER TO CONTACT THE FOLLOWING:											
		PHYSICIAN C	OR CLINIC								
NAME				TELEPHONE NUMBER							
		PREFERRED	HOSPITAL								
NAME				TELEPHONE NUMBER							
A C I /	NOW! EDGEMENTS										
	NOWLEDGEMENTS	OF THIS FACILITY'S POLICIES	PERTAINING TO THE	PARENT/GUARDIAN INITIALS							
Α	ADMISSION, CARE AND DI	SCHARGE OF CHILDREN.									
В	I HAVE BEEN INFORMED THOMES OR THE LICENSING CENTERS IS AVAILABLE A	PARENT/GUARDIAN INITIALS									
С	THE PROVIDER AND I HAVE COMMUNICATION REGAR INDIVIDUAL NEEDS.	PARENT/GUARDIAN INITIALS									
D	WHEN MY CHILD IS ILL, I U ACCEPTED FOR CARE OR	AT S/HE MAY NOT BE	PARENT/GUARDIAN INITIALS								
Е	I UNDERSTAND THAT, BEI WILL PROVIDE PROOF OF EXEMPTION FROM IMMUN		PARENT/GUARDIAN INITIALS								
F	I ☐ DO ☐ DO NOT GIVE PERMIS I UNDERSTAND I WILL BE	PARENT/GUARDIAN INITIALS									
G	I DO DO NOT GIVE PERMIS	PARENT/GUARDIAN INITIALS									
Н	I HAVE BEEN INFORMED A SLEEP POLICY WHEN ENF	PARENT/GUARDIAN INITIALS									
ı	I HAVE BEEN NOTIFIED TH ANY TIME THERE AFTER IN IN OR ATTENDING THE FA BEEN FILED.	PARENT/GUARDIAN INITIALS									
PARE •	NT'S/GUARDIAN'S SIGNATU	DATE									
ENT	FIRST ANNUAL UPDATE PARENT/GUARDIAN SIGNA		TURE	DATE							
CACFP EQUIREMENT	SECOND ANNUAL UPDATE	TURE	DATE								
REQU	THIRD ANNUAL UPDATE	DATE									

MO 580-2994 (11-15)

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