



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF CHILD CARE SAFETY & LICENSURE
CHILD ENROLLMENT FORM

Child's S.S. No. _____
Start Date _____

Early Childhood Center

CHILD'S NAME		SEX	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		HOME TELEPHONE NUMBER ()	
SCHOOL CHILD ATTENDS			
NAME		TELEPHONE NUMBER ()	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
IDENTIFYING INFORMATION			
A) MOTHER'S NAME		HOME TELEPHONE NUMBER ()	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
EMPLOYED BY (OR SCHOOL ATTENDED)		HOURS OF EMPLOYMENT FROM TO	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		BUSINESS TELEPHONE NUMBER ()	
MOTHER'S EMAIL ADDRESS			
A) FATHER'S NAME		HOME TELEPHONE NUMBER ()	
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
EMPLOYED BY (OR SCHOOL ATTENDED)		HOURS OF EMPLOYMENT FROM TO	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		BUSINESS TELEPHONE NUMBER ()	
FATHER'S EMAIL ADDRESS			
EMERGENCY CONTACT(S) (OTHER THAN PARENTS OR DOCTOR)			
NAME		TELEPHONE NUMBER ()	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		RELATIONSHIP	
NAME		TELEPHONE NUMBER ()	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		RELATIONSHIP	
PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE DAY CARE FACILITY:			
NAME		NAME	
COMMENTS ON CHILD'S DEVELOPMENT (NOTE ALLERGIES, HABITS, SPECIAL LANGUAGE, ETC.)			

TO BE COMPLETED BY DAY CARE FACILITY			
ADMISSION DATE		YES	NO
ENROLLED FOR (DAYS OF WEEK)		<input type="checkbox"/>	<input type="checkbox"/> I am a St. Simon Parishoner.
HOURS PER DAY		<input type="checkbox"/>	<input type="checkbox"/> My child may be photographed.
FROM TO		<input type="checkbox"/>	<input type="checkbox"/> I give my consent to including photograph(s) on SS's website.
DISCHARGE DATE (TO BE RETAINED FOR ONE YEAR AFTER DISCHARGED)		<input type="checkbox"/>	<input type="checkbox"/> My information can be included in the Simon Says' Buzz book.

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.

TO CONTACT DOCTOR/CLINIC:

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

FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD, MY PREFERRED HOSPITAL IS:

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

TRIP AND ACTIVITY PERMISSION

I do do not give consent for my child to take part in field trips or excursions with this day care facility under proper supervision. It is my understanding that I will be notified when such trips are planned.

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 Day Care Homes/Licensing Rules for Group Day Care Homes/Licensing Rules for Child Day 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 CHILDREN IN DAY CARE.	PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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