



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD CARE ENROLLMENT FORM

OFFICE USE ONLY

REG FEE PD _____

CODE:

FACILITY/PROVIDER NAME EAST GRAND COMMUNITY SERVICES		ADMISSION DATE	BEFORE SCHOOL <input type="checkbox"/>
CHILD'S NAME		GENDER	AFTER SCHOOL <input type="checkbox"/>
ADDRESS		BIRTHDATE	
		SCHOOL CHILD ATTENDS	

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS	WORK PHONE
FATHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS	WORK PHONE

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT)

NAME (one required)	RELATIONSHIP	HOME/CELL PHONE
ADDRESS		
NAME	RELATIONSHIP	HOME/CELL PHONE
NAME	RELATIONSHIP	HOME/CELL PHONE
NAME	RELATIONSHIP	HOME/CELL PHONE

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

My child is in good health, is able to participate in group care, and has no special health or medical requirements.

My child is able to participate in group care but has special health or medial requirements.

Please list below any allergies, medial conditions, behavioral disorders, special needs, etc. (Additional form must be signed by doctor.)

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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