



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 <b>EAST GRAND COMMUNITY SERVICES</b>	ADMISSION DATE	DISCHARGE DATE	SCHOOL CHILD ATTENDS
CHILD'S NAME	GENDER	GRADE	BIRTHDATE
ADDRESS			

**IDENTIFYING INFORMATION**

MOTHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK PHONE
FATHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK PHONE

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) At least one required**

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

**COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, PATTERNS, HABITS, ALLERGIES, & INDIVIDUAL NEEDS)**

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

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**check all that apply:**  
WILL YOU BE NEEDING BEFORE SCHOOL CARE, AFTER SCHOOL CARE, OR BOTH? BEFORE CARE  AFTER CARE

IN THE MORNINGS, WHAT TIME WILL YOU USUALLY DROP OFF YOUR CHILD?

IN THE AFTERNOONS, WHAT TIME WILL YOU USUALLY ARRIVE TO PICK UP YOUR CHILD?

\*We will serve your child a morning and afternoon snack every day.  
\*On school holidays, snow days, or teacher work days when the schools are closed, this facility will also be closed.

**AUTHORIZATION FOR EMERGENCY CARE**

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 MEDIAL CARE, I AUTHORIZE **EAST GRAND COMMUNITY SERVICES** TO CONTACT THE FOLLOWING PHYSICIAN OR HOSPITAL.

**PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY**

DOCTOR OR CLINIC NAME	TELEPHONE NUMBER
PREFERRED HOSPITAL NAME	TELEPHONE NUMBER

**T-SHIRT SIZE**  Yth small  Yth medium  Yth large  Yth XL  
 Adult small  Adult medium  Adult large

**ACKNOWLEDGEMENTS (Please check each box.)**

A.	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE, AND DISCHARGE OF CHILDREN	PARENT/GUARDIAN INITIALS
B.	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR THE CHILD CARE HOMES OR THE LICENSING RULES FOR THE GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW	PARENT/GUARDIAN INITIALS
C.	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.	PARENT/GUARDIAN INITIALS
D.	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
E.	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS	PARENT/GUARDIAN INITIALS
F.	I <input type="checkbox"/> DO I <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
G.	I <input type="checkbox"/> DO I <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD	PARENT/GUARDIAN INITIALS
H.	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED	PARENT/GUARDIAN INITIALS
I.	I <input type="checkbox"/> DO I <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TAKE OR POST PICTURES OF MY CHILD FOR SOCIAL MEDIA POSTS, FLYERS, BROSHURES, OR OTHER PURPOSES.	PARENT/GUARDIAN INITIALS
PARENT/GUARDIAN SIGNATURE		DATE