



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	DISCHARGE DATE	BEFORE SCHOOL <input type="checkbox"/>
CHILD'S NAME	GENDER	GRADE	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
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 medial requirements.

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

PARENT/GUARDIAN SIGNATURE	DATE
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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

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
PARENT/GUARDIAN SIGNATURE		DATE

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

PICTURE ACKNOWLEDGEMENT

From time to time pictures will be taken of the children in the program and used for fliers, brochures, bulletin boards, etc. We need your permission to take and publish these pictures. Please sign at the bottom and check if you agree to allow your child to be photographed. Thank you!

Yes, I allow my child _____ to be photographed.

No, please do not photograph or print pictures of my child _____.

Parent/Guardian Signature _____ **DATE** _____