

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

## CHILD CARE ENDOLLMENT FORM FOR LICENSE-EYEMPT FACILITIES

Star Tunde	CHILD CARE ENROLLIMENT FORM	FOR LICENSE-EXEINI	FIFA	CILITIES	
FACILITY/PRO	VIDER NAME	ADMISSION DAT	E	DISCHARGE DATE	
CHILD'S NAME		GENDER		BIRTHDATE	
ADDRESS (ST	REET, CITY, STATE, ZIP CODE)	<u>,                                      </u>		,	
IDENTIFYING	INFORMATION				
<u> </u>			HOME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE			CELL F	PHONE NUMBER	
E-MAIL ADDRE	ESS				
EMPLOYER OR SCHOOL ATTEND			WORK	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)			WORK	TELEPHONE NUMBER	
FATHER'S/GUARDIAN'S NAME			HOME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE			CELL P	PHONE NUMBER	
E-MAIL ADDRE	ESS				
EMPLOYER O	R SCHOOL ATTEND		WORK	SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)			WORK	TELEPHONE NUMBER	
	Y CONTACT AND PERSONS AUTHORIZED T NT) AT LEAST ONE EMERGENCY CONTACT		CILITY (	OTHER	
NAME		RELATIONSHIP TO CHILD		ELEPHONE NUMBERS CELL, WORK, HOME)	
ADDRESS (ST	REET, CITY, STATE, ZIP CODE)				
NAME		RELATIONSHIP TO CHILD		ELEPHONE NUMBERS CELL, WORK, HOME)	
ADDRESS (ST	REET, CITY, STATE, ZIP CODE)				
<b>AUTHORIZA</b>	TION FOR EMERGENCY MEDICAL CARE		<u>'</u>		
	D THAT I WILL BE NOTIFIED AT ONCE IN CASE ONTS FOR MEDICAL CARE OF MY CHILD WITH TH				
IF I CANNOT E CARE, I AUTH	BE REACHED TO MAKE NECESSARY ARRANGEN ORIZE	MENTS, OR IN A CRITICAL EM	ERGEN	CY REQUIRING MEDICAL	
CARE PROVID	DER TO CONTACT THE FOLLOWING:	_ DAY			
	PHYSICIAN	I OR CLINIC			
NAME			Т	ELEPHONE NUMBER	
PREFERRED HOSPITAL					
NAME			T	ELEPHONE NUMBER	
			•		

## PLEASE ALSO COMPLETE PAGE 2.

ACKNOWLEDGEMENTS						
А	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS				
В	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				
С	DO DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS.  I DERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.  U	PARENT/GUARDIAN INITIALS				
D	DO DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS				
E	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				
	TH REPORT FOR SCHOOL-AGE CHILD					
CHILL	D'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS					
☐ MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.						
MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.						
ANY A	LLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS					
ANIVO	PRODUCTIONS AND OR RESTRICTIONS					

PARENT/GUARDIAN SIGNATURE	DATE				
FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.					
FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.					

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