



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF CHILD CARE
CHILD ENROLLMENT FOR LICENSE-EXEMPT FACILITIES

CHILD'S NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

IDENTIFYING INFORMATION	
A) MOTHER'S NAME	HOME TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
BUSINESS TELEPHONE NUMBER ()	
B) FATHER'S NAME	HOME TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
EMPLOYED BY	HOURS OF EMPLOYMENT FROM TO
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
BUSINESS TELEPHONE NUMBER ()	

EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)	
NAME	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
NAME	TELEPHONE NUMBER ()
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY	
NAME	NAME

PLEASE COMPLETE BACK.

TO BE COMPLETED BY CHILD CARE FACILITY
ADMISSION DATE
DISCHARGE DATE
FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows

DOCTOR/CLINIC NAME	TELEPHONE ()
PREFERRED HOSPITAL NAME	TELEPHONE ()

FIELD TRIPS AND TRANSPORTATION

(COMPLETE THIS SECTION ONLY IF FACILITY TAKES FIELD TRIPS OR PROVIDES TRANSPORTATION)

I DO I DO NOT

GIVE CONSENT FOR MY CHILD TO TAKE PART IN FIELD TRIPS OR EXCURSIONS WITH THIS CHILD CARE FACILITY UNDER PROPER SUPERVISION. IT IS MY UNDERSTANDING THAT I WILL BE NOTIFIED WHEN SUCH TRIPS ARE PLANNED.

AGREEMENTS

A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.

B. When my child is ill, I understand and agree that my child may not be accepted for care.

PARENT/LEGAL GUARDIAN SIGNATURE

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/LEGAL GUARDIAN SIGNATURE

DATE