



MISSOURI DEPARTMENT OF ELEMENTARY
AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		
IDENTIFYING INFORMATION		
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services .		
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

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

RELATED CHILD

☐ Yes ☐ No

CHILD'S RELATION TO CHILD CARE PROVIDER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race?
(Select one or more.)

☐
American Indian or
Alaskan native

☐
Asian

☐
Black or African
American

☐
Native Hawaiian or
other Pacific Islander

☐
White

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

Will child attend:
☐ Full time ☐ Part time

Check what days
your child will attend.

When does your child
usually arrive each day?

When does your child
usually leave each day?

Describe any
changes or variations
in usual attendance,
including shift changes.

Monday

☐

☐ a.m. ☐ p.m.

☐ a.m. ☐ p.m.

Tuesday

☐

☐ a.m. ☐ p.m.

☐ a.m. ☐ p.m.

Wednesday

☐

☐ a.m. ☐ p.m.

☐ a.m. ☐ p.m.

Thursday

☐

☐ a.m. ☐ p.m.

☐ a.m. ☐ p.m.

Friday

☐

☐ a.m. ☐ p.m.

☐ a.m. ☐ p.m.

Saturday

☐

☐ a.m. ☐ p.m.

☐ a.m. ☐ p.m.

Sunday

☐

☐ a.m. ☐ p.m.

☐ a.m. ☐ p.m.

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack ☐ None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

☐ New Year's Day
☐ Martin Luther King, Jr.'s Birthday
☐ Lincoln's Birthday
☐ Washington's Birthday

☐ Easter
☐ Truman Day
☐ Memorial Day
☐ Juneteenth
☐ Independence Day

☐ Labor Day
☐ Columbus Day
☐ Veterans Day
☐ Thanksgiving Day
☐ Christmas Day

CACFP REQUIREMENT

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event 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 the necessary arrangements, or in a critical emergency requiring medical care, I authorize

(CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME

TELEPHONE NUMBER

PREFERRED HOSPITAL

NAME

TELEPHONE NUMBER

ACKNOWLEDGMENTS

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 child care home or the licensing rules for 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 <input type="checkbox"/> do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter 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
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE