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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I:\Childcare\Photos\State_Seal_Color.png | | MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE  **CHILD CARE ENROLLMENT FORM** | | | | | | | | | | |
| FACILITY/PROVIDER NAME | | | | | | | | ADMISSION DATE | | | | DISCHARGE DATE |
| CHILD’S NAME | | | | | | | | GENDER | | | | BIRTHDATE |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | | | | | | | | | |
| **IDENTIFYING INFORMATION** | | | | | | | | | | | | |
| MOTHER’S/GUARDIAN’S NAME | | | | | | | | | | HOME TELEPHONE NUMBER | | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE | | | | | | | | | | CELL PHONE NUMBER | | |
| E-MAIL ADDRESS | | | | | | | | | | | | |
| EMPLOYER OR SCHOOL ATTEND | | | | | | | | | | 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 PHONE NUMBER | | |
| E-MAIL ADDRESS | | | | | | | | | | | | |
| EMPLOYER OR SCHOOL ATTEND | | | | | | | | | | WORK/SCHOOL SCHEDULE | | |
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | | | | | | | WORK TELEPHONE NUMBER | | |
| **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 NUMBERS (CELL, WORK, HOME) | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | | | | | | | |
| NAME | | | | | | RELATIONSHIP TO CHILD | | | | | TELEPHONE NUMBERS (CELL, WORK, HOME) | |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | | | | | | | | | |
| **COMMENTS ON CHILD’S DEVELOPMENT**  (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **CACFP REQUIREMENT** | **RELATED CHILD** | | | | | | | | | | | |
| YES NO | | | HOW IS CHILD RELATED TO CHILD CARE PROVIDER? | | | | | | | | |
| **CHILD’S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED** | | | | | | | | | | | |
| CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND:  FULL TIME OR PART TIME | | | | WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY?  CIRCLE AM OR PM | | WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY?  CIRCLE AM OR PM | | WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES. | | | |
| MONDAY | |  | | AM PM | | AM PM | |  | | | |
| TUESDAY | |  | | AM PM | | AM PM | |
| WEDNESDAY | |  | | AM PM | | AM PM | |
| THURSDAY | |  | | AM PM | | AM PM | |
| FRIDAY | |  | | AM PM | | AM PM | |
| SATURDAY | |  | | AM PM | | AM PM | |
| SUNDAY | |  | | AM PM | | AM PM | |

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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CACFP REQUIREMENT** | **CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY** | | | | | | |
| BREAKFAST MORNING SNACK LUNCH AFTERNOON SNACK SUPPER EVENING SNACK NONE | | | | | | |
| **CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY** | | | | | | |
| NEW YEARS’S DAY (JANUARY) | | MARTIN LUTHER KING JR.’S BIRTHDAY (JANUARY) | | PRESIDENT’S DAY (FEBRUARY) | | EASTER (MARCH/APRIL) |
| MEMORIAL DAY (MAY) | | INDEPENDENCE DAY (JULY) | | LABOR DAY (SEPTEMBER) | | COLUMBUS DAY (OCTOBER) |
| VETERANS DAY (NOVEMBER) | | ELECTION DAY (NOVEMBER) | | THANKSGIVING (NOVEMBER) | | CHRISTMAS DAY (DECEMBER) |
| **AUTHORIZATION FOR EMERGENCY MEDICAL 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 MEDICAL CARE, I AUTHORIZE  DAY CARE PROVIDER OR HOME PROVIDER  TO CONTACT THE FOLLOWING: | | | | | | | |
| **PHYSICIAN OR CLINIC** | | | | | | | |
| NAME | | | | | | | TELEPHONE NUMBER |
| **PREFERRED HOSPITAL** | | | | | | | |
| NAME | | | | | | | TELEPHONE NUMBER |
| **ACKNOWLEDGEMENTS** | | | | | | | |
| 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  HOMES 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 DO  DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS.  I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED. | | | | PARENT/GUARDIAN INITIALS | |
| G | | I DO  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 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’S/GUARDIAN’S SIGNATURE   | | | | | | DATE | |
| **CACFP REQUIREMENT** | FIRST ANNUAL UPDATE | | | PARENT/GUARDIAN SIGNATURE | | DATE | |
| SECOND ANNUAL UPDATE | | | PARENT/GUARDIAN SIGNATURE | | DATE | |
| THIRD ANNUAL UPDATE | | | PARENT/GUARDIAN SIGNATURE | | DATE | |

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