



### CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		
<b>IDENTIFYING INFORMATION</b>		
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, <a href="#">click here for more information about military-related services in Missouri</a> or visit <a href="http://www.dese.mo.gov/veterans-services">www.dese.mo.gov/veterans-services</a> .		
<b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)</b>		
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.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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**CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED**

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> 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**

<input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King, Jr.'s Birthday <input type="checkbox"/> Lincoln's Birthday <input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Easter <input type="checkbox"/> Truman Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Juneteenth <input type="checkbox"/> Independence Day	<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veterans Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day
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**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
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**PREFERRED HOSPITAL**

NAME	TELEPHONE NUMBER
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**ACKNOWLEDGMENTS**

<b>A</b>	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
<b>B</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
<b>C</b>	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
<b>D</b>	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
<b>E</b>	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
<b>F</b>	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
<b>G</b>	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
<b>H</b>	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
<b>I</b>	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
<b>CACFP REQUIREMENT</b>	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Washington,  
D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.