



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION  
LICENSE EXEMPT CHILD ENROLLMENT FORM

CHILD'S NAME		SEX	BIRTH DATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		HOME TELEPHONE NUMBER ( )	
<b>IDENTIFYING INFORMATION</b>			
MOTHER'S OR GUARDIAN'S NAME		HOME TELEPHONE NUMBER ( )	
ADDRESS ( SAME AS CHILD/ OR STREET, CITY, STATE, ZIP CODE)		CELL PHONE NUMBER ( )	
EMPLOYED BY (OR SCHOOL ATTENDED)		HOURS OF EMPLOYMENT FROM TO	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		BUSINESS TELEPHONE NUMBER ( )	
FATHER'S OR GUARDIAN'S NAME		HOME TELEPHONE NUMBER ( )	
ADDRESS ( SAME AS CHILD/ OR STREET, CITY, STATE, ZIP CODE)		CELL PHONE NUMBER ( )	
EMPLOYED BY (OR SCHOOL ATTENDED)		HOURS OF EMPLOYMENT FROM TO	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		BUSINESS TELEPHONE NUMBER ( )	
<b>EMERGENCY CONTACT(S) (OTHER THAN THE PARENTS OR DOCTOR) (ONE REQUIRED)</b>			
NAME		TELEPHONE NUMBER ( )	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		RELATIONSHIP	
NAME		TELEPHONE NUMBER ( )	
ADDRESS (STREET, CITY, STATE, ZIP CODE)		RELATIONSHIP	
<b>INDIVIDUALS AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY</b>			
NAME		NAME	
NAME		NAME	
<b>TO BE COMPLETED BY CHILD CARE FACILITY (FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE)</b>			
FACILITY NAME		ADMISSION DATE	
ENROLLED FOR (DAYS OF THE WEEK)		FULL TIME/PART TIME	
HOURS PER DAY		FROM TO	
DISCHARGE DATE			

CHILD'S NAME

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

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

( )

**TRANSPORTATION TO AND FROM SCHOOL**

I  (DO)  (DO NOT) GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD TO AND FROM SCHOOL.

**FIELD TRIPS**

I UNDERSTAND THAT I MUST GIVE WRITTEN PERMISSION FOR FIELD TRIPS/EXCURSIONS AND THAT I WILL BE NOTIFIED WHEN THEY ARE PLANNED.

**ACKNOWLEDGEMENTS**

- A) I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THAT THE INSPECTION FORMS AREA AVAILABLE FOR REVIEW.
- B) THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS.
- C) WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

**COMMENT SECTION FOR PARENTS TO COMPLETE REGARDING ANY ALLERGIES, HABITS, SPECIAL LANGUAGE ETC**
