

MISSOURI DEPARTMENT OF ELEMENTARY MAND SECONDARY EDUCATION BOFFICE 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							
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							
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, <u>click here for more information about military-related services in Missouri</u> or visit <u>www.dese.mo.gov/veterans-services</u> .							
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)							
NAME	RELATIONSHIP TO CHILD T	ELEPHONE NUMBER(S)					
ADDRESS (STREET, CITY, STATE, ZIP CODE)							
NAME	RELATIONSHIP TO CHILD T	ELEPHONE 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 RELA	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?		□ an Indian or	☐ Asian	☐ Black or African	□ Native Hawaiian or		□ White
	(Select one or more.)	or more.) Alaska		/ Glaii			er Pacific Islander	
	CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED							
CACFP REQUIREMENT	Will child attend: \square Full time \square Part tim	☐ Part time		our child	When does your child usually leave each day?		Describe any changes or variations in usual attendance, including shift changes.	
	Check what days your child will attend.		usually arrive	each day?				
UIR	Monday		☐ a.m.	☐ p.m.	☐ a.m.	\square p.m.		
REQ	Tuesday		□ a.m.	☐ p.m.	□ a.m.	☐ p.m.		
FP	Wednesday		☐ a.m.	☐ p.m.	□ a.m.	☐ p.m.		
CAC	Thursday		☐ a.m.	☐ p.m.	☐ a.m.	☐ p.m.		
	Friday		☐ a.m.	☐ p.m.	☐ a.m.	\square p.m.		
	Saturday		☐ a.m.	☐ p.m.	☐ a.m.	☐ p.m.		
	Sunday		□ a.m.	\square p.m.	☐ a.m.	\square p.m.		
	MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY							
	☐ Breakfast ☐ Morning s	snack 🗆 I	Lunch 🗆 A	fternoon sna	ick 🗆 Supper 🏻 🛭	☐ Evenin	g snack 🗌 None	!
	HOLIDAYS YOUR CHILD	IS IN CA	RE AT THIS	FACILITY				
	☐ New Year's Day☐ Martin Luther King, Jr.'s Birthday			er nan Day		☐ Labo	r Day nbus Day	
	☐ Lincoln's Birthday ☐ Washington's Birthday			□ Memorial Day □ Veterans Day □ Juneteenth □ Thanksgiving I □ Independence Day □ Christmas Day		ksgiving Day		

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AUTHORIZATION FOR EMERGENCY MEDICAL CARE						
my	child		in the event of an emergency with my child, and I will ma my choice. If I cannot be reached to make the necessary a rize			
			(CHILDCARE FACILITY NAME)			
		t the following:				
PH	YSIC	IAN OR CLINIC				
NAN	NAME TELEPHONE NU			IMBER		
PREFERRED HOSPITAL						
NAN	ΛE			TELEPHONE NU	IMBER	
		NAW ED CAMENITS				
		WLEDGMENTS			DADENT/GUARDIAN INITIALG	
Α	I hav	e received a copy of this facility's	policies pertaining to the admission, care, and discharge	of children.	PARENT/GUARDIAN INITIALS	
В	I hav	PARENT/GUARDIAN INITIALS				
С	The deve	PARENT/GUARDIAN INITIALS				
D	Whe	PARENT/GUARDIAN INITIALS				
E	l uno	PARENT/GUARDIAN INITIALS				
F	ı □ whe	PARENT/GUARDIAN INITIALS				
G	I	PARENT/GUARDIAN INITIALS				
Н	I hav	PARENT/GUARDIAN INITIALS				
ı	I hav	PARENT/GUARDIAN INITIALS				
PARENT/GUARDIAN SIGNATURE					DATE	
	LN	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE		DATE	
CACFP	EQUIREMENT	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE		DATE	
-0	EQU	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE		DATE	

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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

email:

program.intake@usda.gov

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