

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-</u> 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			CHILD'S RELATION TO CHILD CARE PROVIDER				
	🗆 Yes 🛛 No		CHILD 3 REL	ATION 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.)		□ erican Indian or laskan native	□ Asian	□ Black or Africar American		□ tive Hawaiian or er Pacific Islander	□ White
	CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED							
ENT			When does y usually arrive		When does your child usually leave each day?		Describe any changes or variations in usual attendance,	
CACFP REQUIREMENT	your child will attend.						including shift changes.	
Ď,	Monday		🗆 a.m.	□ p.m.	□ a.m.	\Box p.m.		
X H O	Tuesday		🗆 a.m.	□ p.m.	□ a.m.	\Box p.m.		
T T	Wednesday		🗆 a.m.	□ p.m.	□ a.m.	□ p.m.		
RA CA	Thursday		🗆 a.m.	□ p.m.	□ a.m.	\Box 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 s	snack	□ Lunch □ A	fternoon sna	ck 🗌 Supper	🗆 Evenin	g snack 🛛 🗆 None	
	HOLIDAYS YOUR CHILD	IS IN	CARE AT THIS	5 FACILITY				
	 New Year's Day Martin Luther King, Jr.'s Bit Lincoln's Birthday Washington's Birthday 	rthday	□ Men □ June	nan Day norial Day	у	Veter	r Day nbus Day rans Day ksgiving Day tmas Day	

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:								
PH	YSIC	IAN OR CLINIC						
NAME TELEPHONE NU				IMBER				
00								
		RED HOSPITAL						
NAN	IE			TELEPHONE NU	IMBER			
AC	KNO	WLEDGMENTS						
Α	I hav	PARENT/GUARDIAN INITIALS						
В	l hav chilo	PARENT/GUARDIAN INITIALS						
С	The deve	PARENT/GUARDIAN INITIALS						
D	Whe	PARENT/GUARDIAN INITIALS						
E	l uno appr	PARENT/GUARDIAN INITIALS						
F	I □ whe	PARENT/GUARDIAN INITIALS						
G		PARENT/GUARDIAN INITIALS						
н	I hav than	PARENT/GUARDIAN INITIALS						
I	l hav are o filed	PARENT/GUARDIAN INITIALS						
PAR	DATE							
CACFP	ENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE		DATE			
	REQUIREMENT	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE		DATE			
	REQ	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE		DATE			

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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: <u>https://www.usda.gov/sites/default/files/documents/ad-3027.pdf</u>, 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:

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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

 fax: (833) 256-1665 or (202) 690-7442; or
 email:

program.intake@usda.gov

This institution is an equal opportunity provider.