

MISSOURI DEPARTMENT OF HEALTH BUREAU OF CHILD CARE SAFETY & LICENSURE

CHILD ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

Child's Name	Birthdate
Address (Street, City, State, Zip Code)	

IDENTIFYING INFORMATION

a) Mother's Name	Home Telephone Number ()
Address (Street, City, State, Zip Code)	
Employed by	Hours of Employment From To
Address (Street, City, State, Zip Code)	Business Telephone No. ()
B) Father's Name	Home Telephone Number ()
Address (Street, City, State, Zip Code)	
Employed by	Hours of Employment From To
Address (Street, City, State, Zip Code)	Business Telephone No. ()

EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)

Name	Telephone Number ()
Address (Street, City, State, Zip Code)	
Name	Telephone Number ()
Address (Street, City, State, Zip Code)	

PERSON(S) AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY

Name
Name
Name
Name

Please Complete Back of Form.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY

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:

Doctor/Clinic:

Name

Telephone

()

Preferred Hospital:

Name

Telephone

()

AGREEMENTS

available for review.

B. When my child is ill, I understand and agree that my child may not be accepted for care.

Parent/Legal Guardian Signature

Date