



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION

**CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES**

FACILITY/PROVIDER NAME <b>KIRKWOOD UNITED METHODIST PRESCHOOL</b>		ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME		GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
MOTHER'S/GUARDIAN'S NAME			HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>			CELL PHONE NUMBER
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND			WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)			WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME			HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>			CELL PHONE NUMBER
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL ATTEND			WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)			WORK TELEPHONE NUMBER
<b>EMERGENCY CONTACT AND RELATIONS AUTHORIZED TO CARE CHILD FROM FACILITY</b> <b>EMERGENCY CONTACT AT LEAST ONE EMERGENCY CONTACT IS REQUIRED</b>			
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>			
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE 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 NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE			
<b>Kirkwood United Methodist Preschool</b>			
DAY CARE PROVIDER			
TO CONTACT THE FOLLOWING:			
<b>PHYSICIAN OR CLINIC</b>			
NAME			TELEPHONE NUMBER
<b>PREFERRED HOSPITAL</b>			
NAME			TELEPHONE NUMBER

A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ADMITTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS
C	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS

**PERMITTED TO TAKE CHILD FROM CHILD CARE FACILITY**

NAME	NAME
NAME	NAME
NAME	NAME
NAME	NAME

Session Applying For (circle and mark 1st & 2nd choice):

Y3's    MW 9-11:30 \_\_\_\_\_    TTh 9-11:30 \_\_\_\_\_    F 9-11:30 \_\_\_\_\_

Note: Y3's turn 3 by March of the school year. Friday only may be combined with one of the 2 day Y3's classes.

3's    MWF 9-11:30 \_\_\_\_\_    TTh 9-11:30 \_\_\_\_\_

Y4's    MWF 9-11:30 \_\_\_\_\_    TTh 9-11:30 \_\_\_\_\_    MWF 9-1:30 \_\_\_\_\_    MWF 9-3 \_\_\_\_\_

Pre-K. TWTh 9-11:30 \_\_\_\_\_    M-Th 9-11:30 \_\_\_\_\_    M-F 9-11:30 \_\_\_\_\_

                                 MWF 9-1:30 \_\_\_\_\_    MWF 9-3 \_\_\_\_\_

Please mark your preference:

Co-op \_\_\_\_\_

Non Co-op \_\_\_\_\_

Lunch Bunch 11:30 - 1:30 (circle days requesting):

Monday                      Tuesday                      Wednesday                      Friday

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Early Morning Drop Off 8:00 - 9:00 am (circle days requesting):

Monday    Tuesday    Wednesday    Thursday    Friday

Family Church Affiliation: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.**

**FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.**