



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION - EARLY CHILDHOOD SECTION
CHILD CARE ENROLLMENT INFORMATION

CHILD'S INFORMATION

CHILD'S FULL NAME	DATE OF BIRTH
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

LIST OF KNOWN ALLERGIES (e.g., foods, medications, insects or other materials):

FOR INFANTS ONLY – LIST FEEDING TIMES, AND AMOUNT OF BREAST MILK OR FORMULA PER FEEDING:

IMMUNIZATIONS

AGE GROUP		DTaP	POLIO	HIB	HEP B	PCV	MMR	VARICELLA
<input type="checkbox"/> Birth-1 month	<input type="checkbox"/> 12-15 months							
<input type="checkbox"/> 2-3 months	<input type="checkbox"/> 15-18 months							
<input type="checkbox"/> 4-5 months	<input type="checkbox"/> 19 months – 4 years							
<input type="checkbox"/> 6-11 months	<input type="checkbox"/> 5 years and older							

PARENT/GUARDIAN INFORMATION

PARENT/LEGAL GUARDIAN NAME	HOME TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK BOX IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
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E-MAIL ADDRESS	WORK TELEPHONE NUMBER
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PARENT/LEGAL GUARDIAN NAME	HOME TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK BOX IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
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E-MAIL ADDRESS	WORK TELEPHONE NUMBER
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PERSONS AUTHORIZED TO PICK-UP AND DROP-OFF

LIST OF PERSONS AUTHORIZED BY THE LEGAL GUARDIAN TO PICK-UP AND DROP-OFF THE CHILD:

PARENT/LEGAL GUARDIAN SIGNATURE	DATE
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