



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

CHILD'S INFORMATION

CHILD'S FULL NAME

DATE OF BIRTH

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

LIST OF DAILY MEDICATIONS, INCLUDING INFORMATION ON DOSAGE, TIME OF ADMINSTERING, AND METHOD FOR ADMINISTERING:

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

PARENT/GUARDIAN INFORMATION

MOTHER'S/LEGAL GUARDIAN'S NAME

HOME TELEPHONE NUMBER

ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK BOX IF SAME AS ABOVE

CELL PHONE NUMBER

E-MAIL ADDRESS

WORK TELEPHONE NUMBER

FATHER'S/LEGAL GUARDIAN'S NAME

HOME TELEPHONE NUMBER

ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK BOX IF SAME AS ABOVE

CELL PHONE NUMBER

E-MAIL ADDRESS

WORK TELEPHONE NUMBER

PERSONS AUTHORIZED TO PICK-UP AND DROP-OFF

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