

Spectrum Station

State of Missouri Child Enrollment Form



TO BE COMPLETED BY CHILDCARE CENTER- Start Date:
Enrolled for (Days of week):

Child's Name:	Sex:	Birthdate:
Complete Address:	Home phone:	

IDENTIFYING INFORMATION

Mother's or Guardian Name:	Home phone:
Address(<input type="checkbox"/> ck if same as child's):	Cell Phone:
Employer (School attended)	Work Phone:
Employer Address:	Work Hours-From: To:
Father's or Guardian Name:	Home phone:
Address(<input type="checkbox"/> ck if same as child's):	Cell Phone:
Employer (School attended)	Work Phone:
Employer Address:	Work Hours-From: To:

EMERGENCY CONTACT INFORMATION (Other than parent or Doctor) at Least one required

(1)Name		Home phone:
Address:		Cell Phone:
Relationship:	Addl Info:	Work Phone:
(2)Name		Home phone:
Address:		Cell Phone:
Relationship:	Addl Info:	Work Phone:

PERSONS AUTHORIZED TO TAKE CHILD FROM CHILDCARE FACILITY:

(1)Name	(2)Name
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COMMENTS ON CHILD'S DEVELOPMENT: Note allergies, habits, special needs, etc.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF ACCIDENT OR ILLNESS TO 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 ARRANGEMENT, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I HEREBY AUTHORIZE **SPECTRUM STATION** THE NECESSARY ARRANGEMENTS FOR MY CHILD.

Please list name and phone number of doctor and hospital:

Doctor's Name:	Phone:
Address (Street, city, state)	
Hospital Preference:	Phone:
Address (Street, city, state)	

FIELD TRIP AND ACTIVITY PERMISSION

I DO DO NOT give consent for my child to take part in field trips or excursions with this child care facility under proper supervision.

I understand that I will be notified when such trips are planned and that I must give written permission for each field trip or excursion.

I DO DO NOT give permission for SPECTRUM STATION to transport my child to from SPECTRUM STATION.

AGREEMENTS

- A) The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
- B) When my child is ill, it is understood and agreed that s/he may not be accepted for care
- C) I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.
- D) In the event of an injury requiring medical attention, parents should first turn the claim into their medical insurance. Spectrum Station will pay any costs not covered by a families' regular medical insurance.
- E) I have been informed that a copy of the Licensing Rules for Family Child Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Care Centers is available at this facility for review
- F) Spectrum Station uses a video surveillance system in the center. Classrooms are routinely viewed and/or materials archived for clarification and/or training. Archived tapes are not available for parental viewing.
- G) I give Spectrum Station ELC permission to use my child's photograph/video in Spectrum Station advertising, media presentations, press releases, brochures, and throughout the center. Spectrum Station will not release any photograph without the written permission of a parent and/or guardian to any outside organization.

Signature:	Date:
This certifies that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or any other child in this child care facility	Signature:
	Date: