



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: