

SHOW-ME CHILD CARE CENTER
2702 E. McCARTY ST.
JEFFERSON CITY, MO 65101
(573) 761-9998

Show-Me Child Care Center (SMCCC) admits children regardless of race, color, religion, national origin, gender, and children with disabilities (based on the ability of SMCCC to meet the child's specific needs).

ENROLLMENT FORM:

Start Date _____

Child's Name _____ Sex _____ Date of Birth _____

Address _____ Home Ph # _____

Mother's Name _____ Date of Birth _____

Address _____ Home Ph # _____

Employer _____ Work Ph # _____

Employer Address _____

Work Schedule _____

Last 5 digits of SS # XXX - X _ _ - _ _ _ _ _

Email Address _____ Cell Ph # _____

Father's Name _____ Date of Birth _____

Address _____ Home Ph # _____

Employer _____ Work Ph # _____

Employer Address _____

Work Schedule _____

Last 5 digits of SS # XXX - X _ _ - _ _ _ _ _

Email Address _____ Cell Ph # _____

Field Trip Permission

I **DO** or **DO NOT** (circle one) allow Show-Me Child Care Center to take my child on field trips or excursions as they appear on the monthly calendar. I understand I will be notified when trips are planned and will have the opportunity to allow my child to participate or have my child remain at the center.

Photo Permission

I **DO** or **DO NOT** (circle one) allow Show-Me Child Care Center to take pictures of my child while at Show-Me or on field trips. All photos are property of SMCCC. Photos may be used in monthly newsletters, website, misc. projects and SMCCC advertising.

Sunscreen Permission

I **DO** or **DO NOT (circle one)** allow Show-Me Child Care Center to apply sunscreen once a day from Memorial Day through August 15th. SMCCC provides Banana Boat 50 for a low fee announced in May. DHSS considers sunscreen medication and requires a parent’s signature to apply. Sign here if sunscreen is approved for your child.

I understand facility will contact or notify me about any serious occurrences, such as a medical emergency.

Emergency Contacts: (Other than parent or doctor) SMCCC will try to contact parents first, please list in order of contact.

1. Name _____ Relationship _____
Address _____
Phone # _____

2. Name _____ Relationship _____
Address _____
Phone # _____

Person(s) authorized to take child from child care facility:

1. Name _____ Relationship _____
Address _____

2. Name _____ Relationship _____
Address _____

Is this your child’s first time in a daycare center? _____

School your child attends (or will attend upon entering Kindergarten) _____

How did you hear about the Show-Me program? _____

If referred, by whom? _____

Special comments on child’s development (allergies, habits, language, etc.)

Please read and complete the following agreement

I understand I will be notified in case of an 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 necessary arrangements, or in an emergency requiring medical care, I hereby authorize Show-Me Child Care to contact:

Doctor’s Name _____ Phone # _____

Address _____

Preferred Hospital _____ Phone # _____

Address _____

I agree/understand that (please initial by each statement):

- _____ 1. I have received a copy of Show-Me Child Care’s Policies and Procedures pertaining to admission, care, and discharge of children. I have read and understand the policies as set forth by Show-Me as it appears in the policies and procedures statement.
- _____ 2. I understand that the Licensing Rules for Day Care Centers is available for review at: <https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-62.pdf>
- _____ 3. When family receives DSS authorized assistance, co-pay tuition is due prior to DFS sliding scale fee. Tuition paid will be applied to co-pay before sliding scale.
- _____ 4. When my child is ill, I understand he/she may not be accepted in care.
- _____ 5. I understand that tuition is due according to the agreed payment schedule. I agree to pay a \$40 monthly late fee when tuition is two weeks late.
- _____ 6. I have completed all requested information on the enrollment form.
- _____ 7. I agree to keep Show Me Child Care Center updated with any change in information requested on enrollment form.
- _____ 8. I will have medical form signed by licensed physician and all immunizations must be current.
- _____ 9. To enroll, I will pay the \$50.00 Annual, Nonrefundable Supply Fee AND two weeks tuition.
- _____ 10. The parent or guardian of a child enrolled in or at Show-Me CCC may request notice of whether there are any children enrolled at our facility with an immunization exemption on file. If you would like to request this information, please contact Julie Schmitz MSW or acting director and the information will be provided to you. Please note, the name or names of the individual children are confidential and will not be released. Our response will be limited to whether or not there are children enrolled at our facility with an immunization exemption on file.

I have read and completed this enrollment form and agree with the conditions to enroll as described within.

I agree to **weekly/ monthly / bi-weekly (circle one)** payments.

Parent’s Signature _____ Date _____

Parent’s Signature _____ Date _____

OFFICE USE ONLY:

Label Folder:	Complete Enrollment Form:
Complete Medical Form:	Copy of Immunizations:
Computer Immunizations:	Food Program Enrollment:
Add to Email List:	Food Program Qualify Form:
Enter in Quickbooks:	Enter in EZ:
Referred By:	Poll & Label EZ:
Complete Disaster Form:	ASF Paid:
Add to Birthday List:	