

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

**SMCCC ENROLLMENT FORM:**

**Start Date** \_\_\_\_\_  
**CCBIS #** \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Ph # \_\_\_\_\_

**Parent/Guardian'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 # \_\_\_\_\_

**Parent/Guardian 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 # \_\_\_\_\_

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

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_

**List of other children in the home (name and DOB):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 15<sup>th</sup>. SMCCC provides *Bright Guard* FREE. Compliments of Miles Against Melanoma. DHSS considers sunscreen medication and requires a parent's signature to apply. Sign here if Bright Guard sunscreen is approved for your child.

Sign: \_\_\_\_\_

### 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 # \_\_\_\_\_

### 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 \_\_\_\_\_

Is this your child's first time in a childcare 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 developmental needs (allergies, habits, language, etc.)

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**I agree/understand the statements below (please initial by each statement):**

- \_\_\_\_\_ 1. I have received a copy of Show-Me Child Care's Parent Handbook pertaining to admission, care, and discharge of children. I have read and understand the policies as set forth by SMCCC as it appears in the Parent Handbook.
- \_\_\_\_\_ 2. I have signed the Parent Handbook.
- \_\_\_\_\_ 3. I have completed the Parent Home Connection form.
- \_\_\_\_\_ 4. 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.
- \_\_\_\_\_ 5. I have completed all requested information on the enrollment form.
- \_\_\_\_\_ 6. I agree to keep Show Me Child Care Center updated with any change in information requested on enrollment form.
- \_\_\_\_\_ 7. When my child is ill, I understand he/she will not be accepted in care.
- \_\_\_\_\_ 8. To enroll, I will pay the \$50.00 Annual, Nonrefundable Supply Fee AND two weeks tuition.
- \_\_\_\_\_ 9. 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.

**DSS Assistance / Foster Placement Agreements:**

- \_\_\_\_\_ 1. When family receives DSS assistance, co-pay tuition is due prior to DSS sliding scale fee. Tuition paid will be applied to co-pay before sliding scale.
- \_\_\_\_\_ 2. If foster child, I will provide SMCCC with a copy of the DSS placement/guardianship placement papers to meet the CACFP guidelines.

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

If payment is split between more than one parent/guardian, explain tuition payment responsibility here.

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