



**Medical Information:**

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 necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Christ Memorial Child Care Center to contact:**

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone #: \_\_\_\_\_

Comments on Child's Health and Development: (Note allergies, special needs, medical conditions, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information:**

Church Home: \_\_\_\_\_

Siblings and ages: \_\_\_\_\_

Names and relationship of other adults in home: \_\_\_\_\_

**Field Trip Permission:**

I do \_\_\_\_\_ do not \_\_\_\_\_ give consent for my child to take part in field trips or excursions with Christ Memorial Child Care Center under proper supervision. It is my understanding that I will be notified when such trips are planned.

**Agreements:**

- When my child is ill, I understand and agree that my child may not be accepted for care.
- If your child becomes sick at school, the office staff will contact the parent immediately. The expectation is that the call is answered or returned within a short period of time or emergency contacts will be notified. Children should be picked up within the hour of the parent being notified.
- I have been informed of the required health and safety inspections and that the inspection forms are available for review.
- I have received the Parent Handbook, containing additional policies and procedures and a copy of the sick child policy.
- In accordance with Section 210.003.7, RSMo., the parent or guardian of a child enrolled in Christ Memorial Child Care Center 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 the CMCCC office and the information will be provided to you. Please note, the name or names of 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.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

Admission Date: \_\_\_\_\_ Amt Registration Fee Paid: \_\_\_\_\_ Paid by  check # \_\_\_\_\_  cash Date Paid: \_\_\_\_\_

Discharge Date: \_\_\_\_\_ Amount Deposit Paid: \_\_\_\_\_ Paid by  check # \_\_\_\_\_  cash Date Paid: \_\_\_\_\_