

5250 S Lindbergh St. Louis, Mo 63126 314-631-0992

CHILD ENROLLMENT INFORMATION

Child's Name:(Last Name) (First Name	e) (Middle Name)	How did you hear about Christ Memorial Child Care Center?		
Goes By:Child's Address:		Friend Family		
City:State:		Christ Memorial Church Drive By		
Birthdate: Baptismal Date (month/year):	Sex: Male Female	Internet Newspaper Ad		
Parent's Marital Status: Married Separated Divorced	d Widowed Single	Other		
Desired Start Date: Circle Days to Attended	d: Mon. Tues. Wed. Thurs. Fri.	School District		
Approx arrival time: Approx departure time:	Email Address			
Parent/Guardian Information:				
Parent/Guardian:(Last Name)	(First Name)	(Initial)		
Relationship to child:	_	11		
Address:	_ City/State/Zip:	Home _ Phone #:		
Cell Phone #:	_ Occupation:			
Employer:	_ Work Phone #:	_ Extension #:		
Work Address:	_ City/State/Zip:	_ Work Hours		
Parent/Guardian:				
(Last Name)	(First Name)	(Initial)		
Relationship to child:		Home		
Address:	_ City/State/Zip:	Phone #:		
Cell Phone #:	_ Occupation:			
Employer:	_ Work Phone #:	_ Extension #:		
Work Address:	_ City/State/Zip:	_ Work Hours		
Parent/Guardian to call when child is sick:				
Emergency contacts other than Parents(s)/Guardian or Doctor – At least one required:				
Name:	Phone s	#:		
ddress: Relation		nship:		
ame:Phone		#:		
Address:	Relation	nship:		
Person(s) authorized to take child from center				
(1)(2)	(3)			

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Medical Information: I understand that I will be notifie physician or hospital of my choice		my child, and I will make arrangem	nents for medical care of my child with the	
If I cannot be reached to make Child Care Center to contact:	necessary arrangements, or in a critical	al emergency requiring medical ca	are, I hereby authorize Christ Memorial	
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 c	consent for my child to take part in field trestanding that I will be notified when suc		rial Child Care Center under	
If your child become answered or returned the hour of the parent. I have been informed. I have received the P. In accordance with S. may request notice of would like to request note, the name or nation or not there are child. Parent/Guardian Signature:	I within a short period of time or emet t being notified. I of the required health and safety insparent Handbook, containing additional Section 210.003.7, RSMo., the parent of whether there are any children enrit this information, please contact the	ill contact the parent immediatel ergency contacts will be notified. pections and that the inspection for all policies and procedures and a car or guardian of a child enrolled is rolled at our facility with an immediate CMCCC office and the information and will not be released. Our amunization exemption on file.	copy of the sick child policy. in Christ Memorial Child Care Center munization exemption on file. If you ation will be provided to you. Please our response will be limited to whether Date:	
For Office Use Only:				
Admission Date:	Amt Registration Fee Paid:	Paid by	Cash Date Paid:	
Discharge Date:	Amount Deposit Paid:	Paid by	cash Date Paid:	