

Parents' Day Out & Preschool at Westminster

1551 E. Portland Springfield MO 65804 Phone: 417-866-2712 Fax: 417-866-2711



**To be in compliance with Missouri Licensing Regulations,
ALL blanks must be completed ... Thank you!*

Enrollment Date: _____

Child's Information:

Name: _____ Sex: _____ Birth Date: _____

Address, City, Zip Code: _____

Days Requested (Circle ALL that apply for each session) : *SESSION 1 <MON> <TUES> <WED> <THURS>
*SESSION 2 <MON> <TUES> <WED> <THURS>

Contact Information:

Mother's or Guardian's Name: _____

Home Address, City, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Employer/School Attending: _____ Hours of Employment/School: _____

Employer's Address, City, Zip Code: _____

Father's or Guardian's Name: _____

Home Address, City, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Employer/School Attending: _____ Hours of Employment/School: _____

Employer's Address, City, Zip Code: _____

Family Email (If checked regularly): _____

Emergency Contact/Authorized to Pick Up Child: *One is REQUIRED- Other than Parent or Doctor.

Name: _____ Relationship to Child: _____

Address, City, Zip Code: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Additional Authorized Person(s) Allowed to Pick Up Child: You may list additional contacts on back.

1. _____ 2. _____ 3. _____

Comments on Child's Development: Personal development, behavior patterns, habits, individual needs, etc.

Authorization for Medical Care

I understand that I will be notified at once in case of an emergency with 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 **Parents' Day Out & Preschool at Westminster** to act on my child's behalf.

Doctor's Name: _____ Phone: _____

Address, City, Zip Code: _____

Preferred Hospital: _____ Phone: _____

Address, City, Zip Code: _____

Agreements: Each point must be initialed by enrolling parent/guardian.

1. The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.
2. When my child is ill, it is understood and agreed that he/she may not be accepted into or allowed to remain in care.
3. I have received a copy of the policies pertaining to the admission, care, safe sleep practices, and discharge of children.
4. I have been informed that a copy of the Licensing Rules for child care in Missouri is available at this facility for review.
5. I understand that a current immunization record must be on file PRIOR to my child's first day of attendance.
6. I have been informed that I may request notice at any time if there are children with immunization exemptions on file.
7. I understand that my child will be relocated in case of emergency evacuation, and that I received a list of such locations.
8. I have been informed and have received a copy of the Safe Sleep policy since my enrolling child in under 1 year of age.

Initials:

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Parent or Legal Guardian Signature: _____ Date: _____