



Student Name \_\_\_\_\_

Grade Level \_\_\_\_\_

**My child requires (check all that apply):**

- AM Care Only
- PM Care Only
- AM & PM Care

- 2 days per week, **T/TH**
- 3 days per week, **MWF**
- 5 days per week

IEP/Special Needs    NO \_\_\_\_\_    YES \_\_\_\_\_    Please elaborate: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

\_\_\_\_\_  
\*Mother's Name

\_\_\_\_\_  
\*Father's Name

\_\_\_\_\_  
\*Mother's Cell Phone

\_\_\_\_\_  
\*Father's Cell Phone

\_\_\_\_\_  
\*Mother's Email address

\_\_\_\_\_  
\*Father's Email address

\_\_\_\_\_  
Guardian's Name if applicable

\_\_\_\_\_  
Guardian's Cell Phone

\_\_\_\_\_  
Guardian's Email address

- I understand I am responsible for paying my child's Discover Club tuition due bi-weekly according to the MRH Discover Club tuition payment schedule.
- **I understand Discover Club closes promptly at 6:00 p.m.** and I am responsible for paying an overtime-fee of \$2 per minute for every minute after 6:00 p.m. that I am late picking up my child.
- I understand that my child's enrollment can be discontinued for non- payment of tuition.
- I understand that turning in this packet does not guarantee a spot in MRH Discover Club, as spaces are limited. And that I will be contacted by the Discover Club Supervisor or designee as to my child's enrollment status.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

By typing your name above, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual signature on this document.

\*Required information



**CHILD CARE ENROLLMENT FORM**

FACILITY/PROVIDER NAME		ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME		GENDER	BIRTHDATE

ADDRESS (STREET, CITY, STATE, ZIP)

**IDENTIFYING INFORMATION**

MOTHER'S/GUARDIAN'S NAME	HOME PHONE
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ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE 0	CELL PHONE
	E-MAIL

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE
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FATHER'S/GUARDIAN'S NAME	HOME PHONE
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ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE 0	CELL PHONE
	E-MAIL

EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE
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**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.**

NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)		

NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)		

**COMMENTS ON CHILD'S DEVELOPMENT**

(NOTE CHILD'S PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, AND INDIVIDUAL NEEDS)

**RELATED CHILD**

0 YES 0NO	HOW IS CHILD RELATED TO CHILD CARE PROVIDER?
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**CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED**

CACFP REQUIREMENT	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: 0Full Time or 0Part Time	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM.	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM.	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
	MON	AM PM	AM PM	
	TUES	AM PM	AM PM	
	WED	AM PM	AM PM	
	THURS	AM PM	AM PM	
	FRI	AM PM	AM PM	

<b>CACFP REQUIREMENT</b>	<b>CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY</b>			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	<b>CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY</b>			
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)	
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>				
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 AUTHORIZE  <div style="text-align: center;"> <b>MRH SCHOOL DISTRICT</b>  DAY CARE PROVIDER OR HOME PROVIDER </div> TO CONTACT THE FOLLOWING:				
<b>PHYSICIAN OR CLINIC</b>				
NAME			TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>				
NAME			TELEPHONE NUMBER	
<b>ACKNOWLEDGEMENTS</b>				
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.		PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.		PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.		PARENT/GUARDIAN INITIALS	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.		PARENT/GUARDIAN INITIALS	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.		PARENT/GUARDIAN INITIALS	
F	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.		PARENT/GUARDIAN INITIALS	
G	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.		PARENT/GUARDIAN INITIALS	
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.		PARENT/GUARDIAN INITIALS	
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.		PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE			DATE	
<input type="checkbox"/>				
<b>CACFP REQUIREMENT</b>	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION

# PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

### IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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### HEALTH STATEMENT (CHECK ONE)

My child is in good health, is able to participate in group care, has no special health or medical requirements.

My child is able to participate in group care but has special health or medical requirements as listed below.

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.


### SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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By typing your name above, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual signature on this document.

# Discover Club Child Pick-up Form

**Additional** person/s authorized to pick up your child/ren ***other than yourself.***

It is not necessary to fill each line.

Student/s' name/s

Grade/s

NAME	RELATIONSHIP	LOCAL CONTACT #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

**PLEASE MAKE SURE, WHOEVER PICKS UP YOUR CHILD HAS A PHOTO ID AVAILABLE,  
A DISCOVER CLUB TEAM MEMBER WILL ASK FOR IT.**

**If they have no picture ID available, you will be called to verify the identity of the person  
picking up your child/ren.**

Parent Signature

Print Name

Local Contact #

Date