

MISSOURI DEPARTMENT OF HEALTH  
BUREAU OF CHILD CARE SAFETY & LICENSURE  
**CHILD ENROLLMENT FORM FOR  
LICENSE-EXEMPT FACILITIES**



Peace Lutheran Church  
737 Barracksview Road  
St. Louis, MO 63125  
(314) 892-8844

**PRESCHOOL - 8:45 a.m. to 11:45 a.m.**

Check the class your child is eligible to enroll in

3/4 year  
old class

Pre-K  
class

Check the days your child will attend

M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

**STAY AND PLAY - 11:45 a.m. to 1:00 p.m.**

Check the days your child will attend

M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

**Peace Lutheran Preschool**  
Enrollment form

Child's name: \_\_\_\_\_ Home Telephone Number: ( ) \_\_\_\_\_

Child's nickname (for school use, if any): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Are both parent's living at home with this child? \_\_\_\_\_ If no, explain: \_\_\_\_\_

Family Email Address (optional) \_\_\_\_\_

Mother's name: \_\_\_\_\_ Home Telephone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Employed by: \_\_\_\_\_ Hours of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Business Telephone Number: ( ) \_\_\_\_\_  
(Street, City, State, Zip Code)

Father's name: \_\_\_\_\_ Home Telephone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Employed by: \_\_\_\_\_ Hours of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Business Telephone Number: ( ) \_\_\_\_\_  
(Street, City, State, Zip Code)

**EMERGENCY CONTACTS (OTHER THAN PARENT(S) OR DOCTOR)**

Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Name: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State, Zip Code)

**PERSON(S) AUTHORIZED TO TAKE CHILD FROM CHILD CARE FACILITY:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Brothers & sisters (names & ages): \_\_\_\_\_

Family's Church (name & location): \_\_\_\_\_

Child's date of baptism: \_\_\_\_\_

Is your child allergic to any foods?: \_\_\_\_\_

Please list any important information we should know about your child that will help us understand him/her better. All information is held in strictest confidence.

How did you hear about our program? \_\_\_\_\_

I understand that the registration fee (non-refundable) is required upon enrolling. Enrollment is expected for the entire 9 months. Monthly tuition is due the first session of each month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY:
I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:
Doctor/Clinic: Name: _____ Telephone number:( ) _____
PREFERRED HOSPITAL: Name: _____ Telephone number:( ) _____
FIELD TRIPS AND TRANSPORTATION: I ___ do ___ do not give consent for my child to take part in field trips or excursions with Peace's Early Childhood Program under proper supervision. It is my understanding that I will be notified when such trips are planned.
AGREEMENTS A. I have been informed of the required health and safety inspections and that the inspection forms are available for review. B. When my child is ill, I understand and agree that my child may not be accepted for care.
Parent/Legal Guardian Signature: _____ Date ___ / ___ / ___

**TO BE COMPLETED BY CHILD CARE FACILITY:**

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check Number \_\_\_\_\_

(Form to be retained for one year after discharge)

Confirmation \_\_\_\_\_ Health Form \_\_\_\_\_

FILING: File form in child's individual record.

Parent's Letter \_\_\_\_\_