MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

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

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

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY

(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

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

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

AUTHORIZATION FOR EMERGENCY 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 AUTHORIZE

_____
DAY CARE PROVIDER

TO CONTACT THE FOLLOWING:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER

ACKNOWLEDGEMENTS		
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	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
C	I ☐ DO ☐ DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.	PARENT/GUARDIAN INITIALS
D	I ☐ DO ☐ DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	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

HEALTH REPORT FOR SCHOOL-AGE CHILD
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS

☐ 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.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE	DATE

FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.

FILING: FILE FORM IN CHILD'S INDIVIDUAL RECORD.

King of Kings Early Learning Center

ENROLLMENT FORM

2025-2026 SCHOOL YEAR

Submit completed enrollment packet **with $195 registration fee** to King of Kings ELC Office. For questions, please contact the ELC Director at 816-436-3864.

Child's Full Name_____ Nick Name_____

Street Address _____

City_____ State _____ Zip_____

Gender _____ Birthdate_____

Sibling Name _____ Age _____

Sibling Name _____ Age _____

Sibling Name _____ Age _____

MOTHER'S INFORMATION

Mother's Name_____ Cell Number_____

Address_____

Email_____ Home Number_____

Employer_____ Work Phone_____

Employer's Address_____ Work Hours_____

FATHER'S INFORMATION

Father's Name_____ Cell Number_____

Address_____

Email_____ Home Number_____

Employer_____ Work Phone_____

Employer's Address_____ Work Hours_____

King of Kings Early Learning Center
EMERGENCY INFORMATION
2025-2026 SCHOOL YEAR

Child's Full Name_____

EMERGENCY CONTACTS
PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT)

Emergency Contact Name _____

Address_____

Cell Number_____Relation to Child_____

Emergency Contact Name _____

Address_____

Cell Number_____Relation to Child_____

EMERGENCY MEDICAL CARE

In a critical emergency requiring medical care, I authorize King of Kings Early Learning Center to contact the following:

Physician/Clinic_____Number_____

Hospital Preference_____Number_____

Allergies or Special Needs_____

Attach copy of Immunization Record to Enrollment Forms

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY

LEGAL NAME OF FACILITY	DVN
PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE)	
FACILITY TELEPHONE NUMBER	FACILITY E-MAIL ADDRESS

INSPECTIONS

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Elementary and Secondary Education(DESE). It is state inspected only for fire, health, and sanitation requirements as indicated below. Inspections are available on the Show Me Child Care Provider Search and can be accessed at https://dese.mo.gov/childhood/child-care/find-care

NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Office of Childhood - Child Care Compliance			PENDING ☐ APPROVED ☐ NOT APPROVED ☐	
Fire Marshal's Office (Fire Safety Inspection)			PENDING ☐ APPROVED ☐ NOT APPROVED ☐	
Local Health Office or DHSS (Sanitation Inspection)			PENDING ☐ APPROVED ☐ NOT APPROVED ☐	

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY			STAFF/CHILD RATIOS FOR LICENSED CENTERS		
AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every		Under 2 years of age	1 staff member for every	**4**
2 to 4 years of age	1 staff member for every		2 years of age	1 staff member for every	**8**
5 years of age and older	1 staff member for every		3 and 4 years of age	1 staff member for every	**10**
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY:			5 years of age and older	1 staff member for every	**16**

BACKGROUND CHECK REQUIREMENTS

Section 210.254 RSMo requires notification that background checks have been conducted under the provisions of section 210.1080 RSMo.
Section 210.1080 RSMo specifies criminal background checks for child care staff members. The requirements for religious organizations operating a child care facility are as follows:

- Facilities operated by a religious organization that receive federal funds for providing care for children must have qualifying background screening results for child care staff members as defined in 210.1080.1(1**)** RSMo.
- Facilities operated by a religious organization and that **do not** receive federal funds for providing care for children **are not** required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.
- Child care staff members of facilities operated by a religious organization that receive federal funds for providing care for children, with disqualifying background screening results are prohibited from being on the premises during child care hours.
- Facilities operated by a religious organization that receive federal funds for providing care for children, must request criminal background checks for child care staff members every 5 years, as defined in 210.1080.1(1) RSMo.

BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.
☐Yes ☐No

FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES

THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

REQUIRED SIGNATURES

Section 210.254, RSMo requires the facility to furnish two copies of this document to a parent(s) upon enrollment of a child. Parents acknowledge by signature that they have read and accepted the information contained in this document. One copy of this signed document is given to the parent(s); the other copy is retained in the child's record at the facility.

PARENT(S)	DATE
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR	DATE
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC.	DATE

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

SAVE
PRINT
RESET

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.)	IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.)
	TELEPHONE NUMBER

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY

Kings Early Learning Center
AUTHORIZATION SHEET
2025-2026 SCHOOL YEAR

Child's Full Name_____

Handbook: I have read, understand, and will follow the guidelines presented in the King of Kings ELC Parent Handbook. *If you have not received the handbook or need another copy, please request one in the ELC office or visit our website.*

Parent Signature: _____

Tuition/Late Fees: I understand that monthly tuition payments are due by the 1st school day of the specified month. A $15.00 late fee will be applied if payment is not received by the 5th school day of the month. If tuition is not paid by the 10th of the month, your child may be dropped from the program until the tuition plus $15.00 is paid in full. If monthly payments become challenging, please talk to the Director regarding a payment plan before dropping.

Tuition may be paid by automatic withdrawal, check, debit/credit card, or money order.

Parent Signature: _____

Lunch/Snack: I understand students must provide their own snacks and lunches. Lunches cannot be refrigerated. Please provide lunch box with an ice pack or send lunch that can withstand room temperature. Make sure all items that are to return home are labeled with child's name.

Parent Signature: _____

Photo Consent: I give consent to let my child be photographed for use by King of Kings Early Learning Center in advertising or promotional material and/or on the King of Kings ELC website and/or on the Facebook page. I understand no names will be used.

Parent Signature: _____