

**ASSUMPTION EARLY LEARNING CENTER-CHILD ENROLLMENT FORM**

**STUDENT DATA**

\_\_\_\_\_  
Legal Last Name of Student      First Name      Middle Name      M/F      Religion      Date of Birth      Today's Date

\_\_\_\_\_  
Present Home Address      City      State      Zip      Telephone

**FAMILY DATA**

**FATHER:** \_\_\_\_\_  
Family Name      First      Middle      Religion

\_\_\_\_\_  
Home Address      City      State/Zip      Telephone

\_\_\_\_\_  
Occupation      Business Address      Telephone

E-mail Address: \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

**MOTHER:** \_\_\_\_\_  
Last Name      Maiden Name      First      Middle      Religion

\_\_\_\_\_  
Home Address      City      State/Zip      Telephone

\_\_\_\_\_  
Occupation      Business Address      Telephone

E-mail Address: \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

**MARITAL STATUS OF PARENTS:**     Married     Divorced     Separated     Single     Remarried     Widowed

\_\_\_\_\_  
If divorced, name of parent who has legal custody      Name of Parent who has primary physical custody

Name/Address/Telephone of Non-Custodial Parent: \_\_\_\_\_

Date of most recent custodial decree, including modifications: \_\_\_\_\_

If student not living with parents, complete the following:

**GUARDIAN(S):** \_\_\_\_\_  
Family Name      First      Middle      Relationship

\_\_\_\_\_  
Home Address      State/Zip      Telephone      Religion

**Diagnosed Significant Medical Needs (asthma, diabetes, food allergies, any other life-threatening condition):**

\_\_\_\_\_

\_\_\_\_\_

**Diagnosed Significant Educational Need:**

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Person's Authorized To Take Child From the Child Care Facility:**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**To Contact Doctor/Clinic:**

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

**For Emergency Medical Treatment of My Child, My Preferred Hospital Is:**

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

**\*\*\*In case of extreme emergency we will follow the directives of the Emergency Medical Service Personnel**

**My signature certifies that the above information is correct and that I have read and agree to the policies and procedures described in The Assumption Early Learning Center Parent Handbook**

\_\_\_\_\_  
**PARENT OR LEGAL GUARDIAN SIGNATURE**      **DATE**

**License-Exempt Religious Organization Child Care Facility  
Notice of Parental Responsibility**

Name: Assumption Early Learning Center  
 Address (Street, City, State, Zip Code): 4725 Mathis Road St. Louis, MO 63128

**INSPECTIONS**

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Health and Senior Services (DHSS). It is state inspected only for fire, health and sanitation requirements as indicated below. Copies of the inspections are available.

NAME OF AGENCY AND TYPE OF VISIT	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Bureau of Child Care (Health and Safety Inspection)	2205 Jefferson 63103	314-877-2872	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	10-21-10
Fire Marshal's Office (Fire Safety Inspection)	2401 E. McCarty <sup>JEFF. CITY</sup> 65102	573-751-2930	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	10/6/10
Local Health Office or DHSS (Sanitation Inspection)	220 S. Jefferson 63103	314-877-0206	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	10-21-10

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	1:4	Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	1:8	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	1:10	3 and 4 years of age	1 staff member for every	10
			5 years of age and older	1 staff member for every	16

Total number of children enrolled by this facility 75

**BACKGROUND CHECKS: CHILD ABUSE/NEGLECT AND CRIMINAL RECORD(S)**

Statute 210.254 RSMo requires the facility to conduct background checks for child abuse/neglect and criminal record reviews on each individual caregiver and all other personnel (who have contact with children in care) at the facility at the time of employment and every two years thereafter.

Background checks for child abuse and neglect through the Division of Family Services (DFS) and criminal record reviews through the Missouri State Highway Patrol have been conducted on each individual caregiver and all other personnel at the facility as required:  Yes  No

**FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES**

The disciplinary philosophy and policies of this facility are:

*Please refer to the Assumption Early Learning Center Family Handbook  
 www.assumptionstl.org/aclc*

The education philosophy and policies of this facility are:

**REQUIRED SIGNATURES**

Statute 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)	<u>Shelley A. Michael</u>	DATE	<u>10/12/10</u>
PRINCIPAL OPERATING OFFICER (DIRECTOR)	<u>[Signature]</u>	DATE	<u>10/12/2010</u>
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION (PASTOR, MINISTER, PRIEST, ETC.)	<u>[Signature]</u>	DATE	<u>10/12/2010</u>

Statute 210.254 RSMo requires a new facility to file a copy of the Notice of Parental Responsibility with the Bureau of Child Care at least five days prior to beginning operation. Each facility must file the Notice of Parental Responsibility annually during the month of August.