



11015 MUELLER ROAD  
ST. LOUIS, MO 63123 (314)842-3435  
CHILD ENROLLMENT FORM

(TO BE COMPLETED BY PARENT)

Early Childhood Center

**I. IDENTIFYING INFORMATION**

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**II. IMMUNIZATION HISTORY**

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

IMMUNIZATIONS	DATES GIVEN					
	DOSE NO. 1	DOSE NO. 2	DOSE NO. 3	DOSE NO. 4	DOSE NO. 5	DOSE NO. 6
_____ DPT/DT						
_____ Polio						
_____ Hib						
_____ MMR						
_____ Hepatitis B.						

**III. CHILD'S CURRENT HEALTH PROBLEMS**

a.) ALLERGIC TO THE FOLLOWING; OR ALLERGIES

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b.) ANY SPECIAL MEDICAL CONDITION/PROBLEM THE CHILD CARE PROVIDER SHOULD BE AWARE OF

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c.) SPECIAL MEDICATIONS FOR CHRONIC PROBLEMS

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**IV. RESTRICTIONS NECESSARY FOR THE CHILD'S CARE**

a.) SPECIFY

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b.) ANY SPECIAL MEDICAL CONDITION/PROBLEM THE CHILD CARE PROVIDER SHOULD BE AWARE OF

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<p>THIS CERTIFIES THAT MY CHILD IS, TO MY KNOWLEDGE, IN GOOD HEALTH AND FREE OF DISABILITIES THAT WOULD ENDANGER HIM/HER OR OTHER CHILDREN IN CHILD CARE.</p>	<p>PARENT OR LEGAL GUARDIAN SIGNATURE</p>	<p>DATE</p>
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