

**Capital City Christian Church Child Care Center**  
**1512 Swifts Highway Jefferson City, Missouri, 65109**  
**Phone # 573-635-3775 Fax # 573-636-6407**

**Child Care Center Application Form (Please Print)**

**Office use only**

**Letter** \_\_\_\_\_

**Date** \_\_\_\_\_

**Medical** \_\_\_\_\_

**State** \_\_\_\_\_

**Starting Date** \_\_\_\_\_

**Dir** \_\_\_\_\_

**B.D** \_\_\_\_\_

**Days Attending M T W TH F**

**S.C** \_\_\_\_\_

**Child's Names (First, Middle, Last)** \_\_\_\_\_

**Address** \_\_\_\_\_ **zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Child lives with (circle one) Both parents Mother Father Shared Custody Guardian**

**Church affiliation** \_\_\_\_\_

**Active** \_\_\_\_\_ **Moderately** \_\_\_\_\_ **Inactive** \_\_\_\_\_ **Do Not Have a Home Church** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Home address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Father's occupation & work Schedule** \_\_\_\_\_

**Place of employment** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Physical Address of employer** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Home address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Mother's occupation & Work Schedule** \_\_\_\_\_

**Place of employment** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Physical Address of Employer** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

Number of children in family \_\_\_\_\_

Names and relationships of other members in child's household:

Names	Relationship	Birthdates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IF PARENTS CAN NOT BE REACHED PLEASE CONTACT THE FOLLOWING PERSONS IN CASE OF AN EMERGENCY:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Wk Phone \_\_\_\_\_ my child is covered under the following Insurance

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Does your child have special problems, fears or food allergies that the school should be  
Made aware?  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have special prescriptions pertaining to the above? \_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to any medications? \_\_\_\_\_

Name of Child's physician \_\_\_\_\_ Ph \_\_\_\_\_

Who is authorized to bring and pick up the child to and from the center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you come in contact with the Center? \_\_\_\_\_

What do you expect from your child's participation in this Center? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Capital City Christian Church Child Care Center  
Consent form for Medical Care**

I, the undersigned (parent/Guardian), do hereby give my permission and consent to the Capital City Christian Church Child Care Center to authorize emergency medical care for my child.

Child's Name \_\_\_\_\_ in the event that such care is needed and neither I nor my child's physician can be reached. IT IS UNDERSTOOD THAT THE CENTER WILL MAKE EVERY ATTEMPT TO NOTIFY ME OR MY CHILD'S PHYSICIAN BEFORE TAKING ANY ACTION, EXCEPT IN EXTREME CASES.

IT IS ALSO UNDERSTOOD THAT THE INSTRUCTOR AND OTHER ATTENDANTS WILL DO ALL THAT IS FORESEEABLE TO GUARD AGAINST ANY SUCH SITUATION.

I agree to sign this slip and leave it at the Center before my child is registered for attendance at the Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please be sure to have this notarized.

Subscribed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ notary my commission expires \_\_\_\_\_

**PREFERRED HOSPITAL:** \_\_\_\_\_

**Field Trips**

\_\_\_\_\_ Has my permission to go on field trips with a representative of the Capital City Christian Church Child Care Center.

Signature \_\_\_\_\_

## Children Image Release Form

Capital Christian Church Child Care Center

www.capitalcitychristian.net

The Capital City Christian Church website and face book page is a tool to help inform and communicate with the community of Jefferson City. To enhance this experience we use photos to show the involvement in each ministry.

In order for childrens' images to appear on the Capital City Christian Church Child Care Center pages, it is required by Capital City Christian Church Policy that we obtain parental permission. Please fill out the following form acknowledging your preference. No Names will be attached to any of the photos for both the website and facebook pages.

Child's Name: \_\_\_\_\_

I am the parent or legal guardian of the child named above. I understand the possible publication of my child's image on a Capital City Christian Church Child Care Center webpage of the Capital City Christian Church website and agree to the following:

(Please check the appropriate box below :)

I DO give permission to Capital City Christian Church Child Care Center to include my child's image on the webpage.

I DO NOT give permission for my child's image to appear on the Capital City Christian Church Child Care Center webpage.

Signature of Parent/Guardian:

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

**Capital City Christian Church  
Child Care Center  
1215 Swifts Highway  
Jefferson City, Missouri  
65109**

**I have read and agree to the policy revision of:**

**Capital City Christian Church  
Child Care Center  
1215 Swifts highway  
Jefferson City, Missouri 65109**

**Which includes:**

\*Clarification /emphasis on our Illness Policy: When can a child come back to school after having a temp/diarrhea, and/or throwing up? 24 Hours temp free

\*Winter road conditions, school closings.

\*You are charged for Holiday's when the center is closed. You may use vacation days, if available.

\* General policy

**\*Addition to our policy: Notice to parents regarding immunizations**

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**Parent's Signature**

**Date**

Please sign and return to the Center office for your child personal file.

Thank you,

Laura Ann Rader  
Director