



Middle River Baptist Church Child Development Center

Waiting List Form

Child's Name	Child's Date of Birth	Today's Date
Parent/Guardian #1 Name	Parent #1 Cell Phone	Parent #1 Work Phone
Parent #1 Email	Parent #1 Home Address	
Parent/Guardian #2 Name	Parent #2 Cell Phone	Parent #2 Work Phone
Parent #2 Email	Parent #2 Home Address	
When do you need care?	How do you prefer to be contacted?	
Briefly explain your child's experience with childcare.		

For Office Use

Initial Contact Date	Method of contact	By whom?
Second Contact Date	Method of contact	By whom?
Third Contact Date	Method of contact	By whom?
Date fee paid	Received by	Receipt #
Start Date	Date removed from list	Reason removed

Forms Given to Family

State Forms – all children	Center Forms – all children
<input type="checkbox"/> Emergency Form (OCC 1214 Rev. 6/2020)	<input type="checkbox"/> Steps to Enrollment
<input type="checkbox"/> Health Inventory (OCC 1215 Rev. June 2016)	<input type="checkbox"/> Enrollment Form
<input type="checkbox"/> Immunization Form (MDH 896 Rev 7/17)	<input type="checkbox"/> Financial Agreement
<input type="checkbox"/> Guide to Regulated Care (OCC 1524 10/2018)	<input type="checkbox"/> Parent Handbook Disclosure
<input type="checkbox"/>	<input type="checkbox"/>
Forms for Specific Needs	Age Group Forms
<input type="checkbox"/> Care Plan for Special Needs	<input type="checkbox"/> Infant Monthly Information
<input type="checkbox"/> Asthma Action Plan	<input type="checkbox"/> Toddler – Cots & Cups
<input type="checkbox"/> Allergy Action Plan	<input type="checkbox"/> B/AC – Transport Permission
<input type="checkbox"/> Food Information Form	<input type="checkbox"/> B/AC – Walker Permission (Middle School)
<input type="checkbox"/>	<input type="checkbox"/>