

# Child Enrollment



# Chandler Preschool and Parent's Day Out

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

Address: \_\_\_\_\_

## Parent Information

Mother's Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information (other than parents or doctors)

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Authorized Adults (people other than parents to whom your child may be released)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Agreement

I have been informed of the required health and safety inspections and that the inspection forms are available for review. I understand and agree that my child may not be accepted for care when they are ill. I agree to abide by the program's handbook.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide medical information on the next page. >



# Chandler Preschool and Parent's Day Out

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

## Health History and Current Problems

Please list any known allergies and special medical conditions, including any chronic health problems.

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Please list any special medications and/or restrictions.

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## Authorization for Emergency Medical Care

I understand that in the case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to used are as follows.

Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that my child, is to my knowledge, in good health and free of disabilities that would endanger them or other children in attendance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Religious Organization Child Care Facility Notice of Parental Responsibility

Facility Name Chandler Baptist Church Preschool & PDO

Address (Street, City, State, Zip Code) 11401 Hwy 33, Liberty, MO 64068

### 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 INSPECTION                            | ADDRESS  | TELEPHONE NUMBER | INSPECTION                       |  |                                       | DATE     |
|--|--|------------------|----------------------------------|--|---------------------------------------|----------|
| Section for Child Care Regulation (Health and Safety Inspection) | MO Dept of Health Sr. Services<br>Shari Copeland | 816-804-9046     | Pending <input type="checkbox"/> | Approved <input checked="" type="checkbox"/> | Not approved <input type="checkbox"/> | 10/31/17 |
| Fire Marshal's Office (Fire Safety Inspection)                   | State Fire Marshall<br>Glenn Harla               | (314) 841-9434   | Pending <input type="checkbox"/> | Approved <input checked="" type="checkbox"/> | Not approved <input type="checkbox"/> | 9/28/17  |
| Local Health Office or DHSS (Sanitation Inspection)              | KC Environmental Health<br>Jacklyn Skaggs        | (816) 513-6234   | Pending <input type="checkbox"/> | Approved <input checked="" type="checkbox"/> | Not approved <input type="checkbox"/> | 9/24/17  |

### STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY

| AGE RANGE                | NUMBER OF STAFF          | NUMBER OF CHILDREN |
|--------------------------|--------------------------|--------------------|
| Under 2 years of age     | 1 staff member for every | 4                  |
| 2 to 4 years of age      | 1 staff member for every | 7                  |
| 5 years of age and older | 1 staff member for every | 7                  |

### STAFF/CHILD RATIOS FOR LICENSED CENTERS

| AGE RANGE                | NUMBER OF STAFF          | NUMBER OF CHILDREN |
|--------------------------|--------------------------|--------------------|
| Under 2 years of age     | 1 staff member for every | 4                  |
| 2 years of age           | 1 staff member for every | 8                  |
| 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 114

### 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 Children's Division (CD) 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:

Teachers employ many methods of reaching, modeling, praising & rewarding positive social behaviors. When praise and reminders are not sufficient to maintain peace, teachers may intervene by redirecting a child's attention or separating a child from an activity or the group for a brief "Time Out."

The educational philosophy and policies of this facility are:

PDO is a Christian outreach ministry of Chandler Baptist Church. Our goal is to offer a loving, safe and fun environment in which children may play, socialize & participate in activities designed to meet needs of early childhood development.

### 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)  | DATE     |
|  | 10/31/17 |
| PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR  | DATE     |
|  | 10/31/17 |
| INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC. | DATE     |

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

## NOTIFICATION OF PARENTAL RESPONSIBILITY

Pursuant to section 210.254, RSMo Supp. 2000, the NPR will require:

- "1) Notification that the child care facility is exempt as a religious organization from state licensing and therefore not inspected or supervised by the department of health and senior service other than as provided herein and that the facility has been inspected by those designated in section 210.252 and is complying with the fire, health and sanitation requirements of sections 210.252 to 210.257;
- "2) The names, addresses and telephone numbers of agencies and authorities which inspect the facility for fire, health and safety and the date of the most recent inspection by each;
- "3) The staff/child ratios for enrolled children under two years of age, for children ages two to four and for those five years of age and older as required by the department of health and senior services regulations in licensed facilities, the standard ratio of staff to number of children for each age level maintained in the exempt facility, and the total number of children to be enrolled by the facility;
- "4) Notification that background checks have been conducted on each individual care giver and all other personnel at the facility. The background check shall be conducted upon employment and every two years thereafter on each individual caregiver and all other personnel at the facility. Such background check shall include a screening for child abuse or neglect through the children's division, and a criminal record review through the Missouri highway patrol pursuant to section 43.540, RSMo. The fee for the criminal record review shall be limited to the actual costs incurred by the Missouri Highway Patrol in conducting such review not to exceed ten dollars;
- "5) The disciplinary philosophy and policies of the child care facility; and
- "6) The educational philosophy and policies of the child care facility."



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 SECTION FOR CHILD CARE REGULATION  
**CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)**

**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.)

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| 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   |



# Chandler Preschool and Parent's Day Out

2018 - 2019 Calendar

August 19 - Open House, 2:00 -4:00 pm

August 21 - First Day of Classes

October 25 - **No School, Fall Break**

November 22 - **No School, Thanksgiving Break**

December 13 - Christmas Program

December 20 - Christmas Classroom Parties

Christmas Break - **December 21 - January 4**

January 8 - First Day Back

March 19 & 21 - **No School, Spring Break**

April 25 - End of Year Program

May 9 - Last Day Celebration

We will have other special events throughout the year  
but these are our main ones.