

Child Enrollment

2019-20 School Year



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.

Please list any special medications and/or restrictions.

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: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

SAVE
PRINT
RESET

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
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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.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE
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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

Religious Organization Child Care Facility Notice of Parental Responsibility

Facility Name Chandler Baptist 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 VISIT	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Section for Child Care Regulation (Health and Safety Inspection)	Mo Dept of Health & Sr Serv. Shaw Copeland	716 804 9046	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	9/20/18
Fire Marshal's Office (Fire Safety Inspection)	State Fire Marshal Glenn Harla	816 841 9434	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	9/20/18
Local Health Office or DHSS (Sanitation Inspection)	KC environmental health	816 453	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	10/11/18

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 116

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

Section 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 teaching, modeling, praising & rewarding positive behavior when praise & reminders are not sufficient to maintain peace. Teachers may intervene by redirecting a child's attention or separating a child from an activity or group for a brief time.

The education 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 & fun environment in which children may play, socialize & participate in activities designed to meet needs of ^{early} childhood development.

REQUIRED SIGNATURES

Section 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)

[Signature]
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR

DATE

9/13/18

DATE

9/13/18

DATE

INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION - PASTOR, MINISTER, PRIEST, ETC.

Section 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.

ACH Payment Authorization



**Chandler Preschool
and Parent's Day Out**

2019-20 School Year

I/we hereby authorize Chandler Baptist Church to electronically debit my/our account (and, if necessary, electronically credit the account to correct erroneous debits) as follows. I/we agree that ACH transactions I/we authorize comply with all applicable law.

- Checking Account (please attach a voided check)
- Saving Account

Bank (depository) name: _____
Routing number: _____
Account number: _____

I/we authorize monthly debits in the amount selected below for each of my/our children enrolled in Chandler Preschool and Parent's Day Out programs. Debits will be processed on the 15th of each month (August 2018 through April 2019), or on the next business day. (Please select all that apply)

- \$195 monthly fees for one enrolled child
- \$390 monthly fees for two enrolled children
- \$125 monthly fees for one child enrolled part-time
- \$215 monthly fees for one enrolled infant
- \$145 monthly fees for one enrolled infant part-time
- \$235 monthly fees for one 2.5 day Pre-K

I/we authorize that this authorization will remain in full force and effect unless I/we notify Chandler Baptist Church in writing that I/we wish to revoke this authorization. I/we understand that Chandler Baptist Church requires at least seven days prior notice to process a cancellation.

Name(s): _____
Signature(s): _____
Date: _____

Please attach a voided check from the checking account you are registering for ACH payments.