



North Missouri
Center for Youth & Families
Centered on strength, focused on the future.



PowerUP! After School Program

NMCYF's PowerUP! After School program is provided for children ages K-14 who attend Chillicothe R-II or Bishop Hogan School. The program will operate Monday-Friday from 3:00-6:00 pm. Students will be bussed to NMCYF from their school, except for Bishop Hogan School. PowerUP! offers a variety of activities and resources designed to enhance and compliment daily classroom learning. Tutoring help is available, as well as a variety of other hands-on activities such as gardening, cooking, physical fitness, STEM activities and more. It is our ultimate goal to provide a safe and positive environment for students every day during after school hours. We are a 21st CCLC program, which is where students meet state and local student standards in core academic subjects, such as reading and math. It also offers students a broad array of enrichment activities that can complement their regular academic programs; and offers literacy and other educational services to the families of participating children.

- ◆ Learning Center staffed by certified teachers
- ◆ Snacks & meals provided
- ◆ Tutoring available
- ◆ Age appropriate activities
- ◆ Computer Lab
- ◆ Friendly & qualified staff and volunteers

| TYPE OF DAY | DAILY RATE | WEEKLY TOTAL | DISCOUNTS |
|----------------------------|------------|--------------|---|
| Part Day 3pm-6pm | \$4.00 | \$20.00 | -\$3 per week for each additional child beyond 1 |
| Half Day 12pm-6pm | \$6.00 | \$30.00 | -\$5 per week for each additional child beyond 1 |
| Full Day 7:30am-6pm | \$12.00 | \$60.00 | -\$10 per week for each additional child beyond 1 |
| SUMMER ONLY ENROLLMENT* | \$15.00 | \$75.00 | -\$5 per week for each additional child beyond 1 |

Scholarship assistance is available for those who qualify.

North Missouri Center for Youth & Families

211 Locust St. Chillicothe, MO 64601
660-646-1352 ◆ maizey@nmcyf.org



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

| | | |
|------------------------|----------------|----------------|
| FACILITY/PROVIDER NAME | ADMISSION DATE | DISCHARGE DATE |
|------------------------|----------------|----------------|

| | | |
|--------------|--------|-----------|
| CHILD'S NAME | GENDER | BIRTHDATE |
|--------------|--------|-----------|

ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFYING INFORMATION

| | |
|--------------------------|-----------------------|
| MOTHER'S/GUARDIAN'S NAME | HOME TELEPHONE NUMBER |
|--------------------------|-----------------------|

| | |
|--|-------------------|
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/> | CELL PHONE NUMBER |
|--|-------------------|

E-MAIL ADDRESS

| | |
|---------------------------|----------------------|
| EMPLOYER OR SCHOOL ATTEND | WORK/SCHOOL SCHEDULE |
|---------------------------|----------------------|

| | |
|---|-----------------------|
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE) | WORK TELEPHONE NUMBER |
|---|-----------------------|

| | |
|--------------------------|-----------------------|
| FATHER'S/GUARDIAN'S NAME | HOME TELEPHONE NUMBER |
|--------------------------|-----------------------|

| | |
|--|-------------------|
| ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/> | CELL PHONE NUMBER |
|--|-------------------|

E-MAIL ADDRESS

| | |
|---------------------------|----------------------|
| EMPLOYER OR SCHOOL ATTEND | WORK/SCHOOL SCHEDULE |
|---------------------------|----------------------|

| | |
|---|-----------------------|
| EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE) | WORK TELEPHONE NUMBER |
|---|-----------------------|

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.**

| | | |
|------|-----------------------|---|
| NAME | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS (CELL, WORK, HOME) |
|------|-----------------------|---|

ADDRESS (STREET, CITY, STATE, ZIP CODE)

| | | |
|------|-----------------------|---|
| NAME | RELATIONSHIP TO CHILD | TELEPHONE NUMBERS (CELL, WORK, HOME) |
|------|-----------------------|---|

ADDRESS (STREET, CITY, STATE, ZIP CODE)

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

YES NO HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

| CACFP REQUIREMENT | CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: | | WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM | WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM | WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES. |
|-------------------|---|------------------------------------|---|--|--|
| | <input type="checkbox"/> FULL TIME OR | <input type="checkbox"/> PART TIME | | | |
| MONDAY | <input type="checkbox"/> | | AM PM | AM PM | |
| TUESDAY | <input type="checkbox"/> | | AM PM | AM PM | |
| WEDNESDAY | <input type="checkbox"/> | | AM PM | AM PM | |
| THURSDAY | <input type="checkbox"/> | | AM PM | AM PM | |
| FRIDAY | <input type="checkbox"/> | | AM PM | AM PM | |
| SATURDAY | <input type="checkbox"/> | | AM PM | AM PM | |
| SUNDAY | <input type="checkbox"/> | | AM PM | AM PM | |

| | | | | |
|--|--|--|---|---|
| CACFP REQUIREMENT | CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY | | | |
| | <input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE | | | |
| | CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY | | | |
| | <input type="checkbox"/> NEW YEARS'S DAY (JANUARY) | <input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY) | <input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY) | <input type="checkbox"/> EASTER (MARCH/APRIL) |
| <input type="checkbox"/> MEMORIAL DAY (MAY) | <input type="checkbox"/> INDEPENDENCE DAY (JULY) | <input type="checkbox"/> LABOR DAY (SEPTEMBER) | <input type="checkbox"/> COLUMBUS DAY (OCTOBER) | |
| <input type="checkbox"/> VETERANS DAY (NOVEMBER) | <input type="checkbox"/> ELECTION DAY (NOVEMBER) | <input type="checkbox"/> THANKSGIVING (NOVEMBER) | <input type="checkbox"/> CHRISTMAS DAY (DECEMBER) | |
| AUTHORIZATION FOR EMERGENCY MEDICAL CARE | | | | |
| I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE. IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE <p style="text-align: center;">DAY CARE PROVIDER OR HOME PROVIDER</p> TO CONTACT THE FOLLOWING: | | | | |
| PHYSICIAN OR CLINIC | | | | |
| NAME | | | TELEPHONE NUMBER | |
| PREFERRED HOSPITAL | | | | |
| NAME | | | TELEPHONE NUMBER | |
| ACKNOWLEDGEMENTS | | | | |
| A | I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN. | | PARENT/GUARDIAN INITIALS | |
| B | I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW. | | PARENT/GUARDIAN INITIALS | |
| C | THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS. | | PARENT/GUARDIAN INITIALS | |
| D | WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE. | | PARENT/GUARDIAN INITIALS | |
| E | I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS. | | PARENT/GUARDIAN INITIALS | |
| F | I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED. | | PARENT/GUARDIAN INITIALS | |
| G | I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD. | | PARENT/GUARDIAN INITIALS | |
| H | I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE. | | PARENT/GUARDIAN INITIALS | |
| I | I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED. | | PARENT/GUARDIAN INITIALS | |
| PARENT'S/GUARDIAN'S SIGNATURE | | | DATE | |
| CACFP REQUIREMENT | FIRST ANNUAL UPDATE | PARENT/GUARDIAN SIGNATURE | DATE | |
| | SECOND ANNUAL UPDATE | PARENT/GUARDIAN SIGNATURE | DATE | |
| | THIRD ANNUAL UPDATE | PARENT/GUARDIAN SIGNATURE | DATE | |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

SAVE

PRINT

RESET

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

HEALTH STATEMENT (CHECK ONE)

My child is in good health, is able to participate in group care, has no special health or medical requirements.

My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE



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

SAVE
PRINT
RESET

MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

| | | |
|-------------------|----------------------------|-------|
| CHILD'S FULL NAME | DATE MEDICATION TAKEN FROM | UNTIL |
|-------------------|----------------------------|-------|

| | |
|--------|----------------|
| DOSAGE | TIME(S) OF DAY |
|--------|----------------|

| |
|-----------------------|
| POSSIBLE SIDE EFFECTS |
|-----------------------|

| | |
|------------------------------------|------|
| SIGNATURE OF PARENT(S) OR GUARDIAN | DATE |
|------------------------------------|------|

RECORD OF ADMINISTRATION

| STAFF NAME | DATE | MEDICATION NAME | DOSAGE | TIME |
|------------|------|-----------------|--------|------|
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POWERUP! AFTER SCHOOL RELEASE OF RESPONSIBILITY

STUDENT TRANSPORTATION INFORMATION

I authorize NMCYF and PowerUP! staff to escort my children to and from the Calvary Baptist Church Gymnasium and Central School Playground (Chilli Bay, Movie Theater, Bowling Alley, etc.) which align with the health/fitness aspect of programming. I do not hold NMCYF, PowerUP! Afterschool program, its staff or volunteers, and board of directors liable for any accident that may occur during the duration of the trip.

Yes, I authorize PowerUp! to transport my child

No, I do not authorize PowerUp! to transport my child

MEDIA/PHOTO RELEASE

I give permission for my child to be photographed or videotaped as part of his/her involvement in the NMCYF PowerUP! After School Program. I also give permission for his/her photo and/or image to be used in publications and/or promotional material associated with the after school program.

I do NOT give permission for my child to be photographed or videotaped as part of his/her involvement in the NMCYF PowerUP! After School Program. I also do NOT give permission for his/her photo and/or image to be used in publications and/or promotional material associated with the after school program.

PARENT RESPONSIBILITY CONTRACT

Parent/Guardian
Initials

I, the undersigned, certify that my child, _____, has my permission to take part in the program conducted by NMCYF. In consideration of the acceptance and enrollment of my child in the program, I do hereby expressly waive any claim for injuries sustained by said child participating in the program.

I understand that this is a well-child program. I will not send my child to the program if they are ill. My child is not eligible to attend the program if they did not attend school that day.

I understand that the PowerUP! After School Program promotes healthy lifestyles. I will not send my child to the program with clothing or gear reflecting inappropriate messages regarding smoking, drinking, sexuality, etc.

I understand that this program follows the Chillicothe R-2 School District calendars.

I will take all steps necessary to ensure that any/all individuals authorized to pick up my child will be drug/alcohol free and will conduct themselves in a courteous/respectful manner when they arrive on site.

I realize that picking up my child by 6:00 pm is an important responsibility on my part and that failing to do so will result in the following procedures:

- A \$5.00 fee per child will be assessed for every 15 minutes a child remains at the program past 6:00 pm (ex. 6:01-6:15 pm=\$5.00 per child, 6:16-6:30 pm=\$10.00 per child).
- The first and second time this occurs, I will be informed that failing to pick up my child on time may result in my child's loss of program services.
- The third time this occurs, I will receive written notification that my child will no longer be able to participate in the program.

I, the undersigned, have read, understand and accept the conditions by which I must abide and which are contained in the Parental Responsibility Contract. Failure to comply may result in loss of program privileges.

Signature of Parent/Guardian:

Date:

PowerUP! Tuition

| TYPE OF DAY | DAILY RATE | WEEKLY TOTAL | DISCOUNTS |
|-------------------------|------------|--------------|--|
| Part Day 3PM-6PM | \$4.00 | \$20.00 | \$17 per week for each additional child beyond 1 |
| Half Day 12PM-6PM | \$6.00 | \$30.00 | \$25 per week for each additional child beyond 1 |
| Full Day 7:30AM-6PM | \$12.00 | \$60.00 | \$50 per week for each additional child beyond 1 |
| SUMMER ONLY ENROLLMENT* | \$15.00 | \$75.00 | \$70 per week for each additional child beyond 1 |

1. PowerUP! is a state licensed program. When you enroll your child(ren) for the summer/school year programs, please remember you are committing to being in attendance on a weekly basis. Families are responsible for the weekly charge as long as the program is open. We do not offer "daily" rates. If you see your situation changing, please let us know as soon as possible and we will work out arrangements if needed. Please inform us if extended absences are going to occur.
2. Payments are transitioning to weekly. Payment is due each Friday when you pick-up your child. You may request to continue with monthly payment, if this works better for your family.
3. If PowerUP! is not in session on a given day, no charge will be applied to the weekly total.
4. In regards to the summer program only, children will be able to take up to 2-weeks off during the summer. (each week will consist of 5 consecutive days) with no fee being charged. Please visit with us for details. (EX: 4-H Camp, Scout Camp, Vacation, etc.)
5. For the summer program only, a \$60 deposit is due upon enrollment. The deposit will be held until the last week of enrollment then applied to that week's amount due.

REFUND POLICY

No refunds will be given for program(s).

- I understand and have read the above policy set forth by North Missouri Center for Youth & Families. By signing this form, I agree to the above tuition rates.**

Parent/ Guardian Signature

Date

Sunscreen Permission Slip

I give permission for my child's teacher or other designated school staff member to assist my child with his/her application of sunscreen to exposed skin, including but not limited to the face, tops of ears, neck, shoulders, arms, legs and feet.

Sunscreen will not be applied to any broken or irritated skin. I will be notified if my child develops a skin reaction. It is my responsibility to provide sunscreen. However, in the event that my child does not have sunscreen with them, PowerUP! may apply *sunscreen* to my child.

Additional Instructions: (check the option that applies to your child)

My child may use the sunscreen provided by PowerUP! in the event that his/her own sunscreen is not available.

My child may NOT use any sunscreen other than the one that he/she brings to PowreUP!.
(Sunscreen Name: _____ SPF: _____)

**Sunscreen bottle must be labeled with child's first and last name in permanent ink.*

Date: _____

Name of Student: _____

Parent/Guardian Signature: _____



North Missouri Center for Youth and Families

FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: Chillicothe R-II School District

Please provide information from the educational records of _____
[Name of Student requesting the release of educational records] to:

North Missouri Center for Youth and Families Staff
After School Care Provider

The only type of information that is to be released under this consent is:

- transcript/grades
- special education records
- all records
- other (specify) _____

The information is to be released for the following purpose:

- family communications about after school programming
- educational programming in compliance with grant funding
- other (specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this request. I understand I may revoke this Consent upon providing written notice to North Missouri Center for Youth and Families. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to North Missouri Center for Youth and Families for the specific purpose described above.

Name of Parent or Guardian (print) _____

Signature _____ Date _____