



ENROLLMENT FORM Dederick Pre-K

Child

Name	Birthdate
Address	
City, State, Zip	Start Date

Parent/Guardian Information

Phone Numbers

Mother's Name	Home
Address	Work
City, State, Zip	Cell
Employer	Email
Work Address	
Father's Name	Home
Address	Work
City, State, Zip	Cell
Employer	Email
Work Address	

Emergency Contact

Name	Home
Address	Cell
City, State, Zip	Relationship:

Enrollment days

Please check the days you wish to enroll your child

Monday Tuesday Wednesday Thursday Friday

(Note: We are currently only take full time students)

Authorization for Pick-Up

Your child will only be released to an authorized person listed on this form. In case of an emergency or an unforeseen circumstance, please indicate the name, address, and phone number of any other person(s) authorized to pick-up your child on your behalf.

Name	Home
Address	Cell
City, State, Zip	Relationship:

Name	Home
Address	Cell
City, State, Zip	Relationship:

Name	Home
Address	Cell
City, State, Zip	Relationship:

Name	Home
Address	Cell
City, State, Zip	Relationship:

Immunization: The Missouri Department of Health and Senior Services now requires that we have a photocopy of your child's most recent immunization record in our files. Please include a copy with this enrollment form. If you desire to opt out of Immunization for religious or personal reasons please sign here.

Opt out of Immunization requirement.

Mother Name _____
Signature _____

Father Name _____
Signature _____

Child's Development (Include known allergies)

Indicate child's personal development, behavior, patterns, habits, and individual needs.

Emergency Consent:

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 in a critical emergency requiring immediate medical care, I hereby authorize Dederick Pre-School to contact the following:

Physician _____ Phone _____

Hospital _____ Phone _____

on behalf of my child, _____.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Policies and Guidelines

Mission

Our mission is to prepare and equip Pre-K youth for elementary school and life through biblical principles and practices.

Purpose

Dederick Pre-K seeks to act as an agent for The Church by investing in youth by teaching life skills and basic curriculum. We do this out of God's love for the children and the recognition that they will carry our future.

Admissions

Admissions will be open to children 5 and under during the calendar school year provided the center has openings. The following Admission criteria apply:

1. Student must be potty trained
 - a. Students who have 2 accidents in a given week, not including nap time, shall be kept home for 2 weeks as first offence.
 - b. If student has second offense they shall be kept home for four weeks and student's spot may be given to a student on Dederick Pre-K's waiting list.
 - c. Students spot may be reserved by continued adherence to Dederick Pre-K's payment & absence policy.
2. Existing full-time students may Pre-enroll every year in June (for pre-school) and March (for summer program). Open enrollment for new students will begin in July (preschool) and April (summer)
3. During the summer program the age of admission will increase to 10 years old.

The Admission procedure is as follows:

1. Visit the center with your child and speak with the director.
2. Receive from the director the registration packet.
 - a. Director has 24 hours to determine if child will be admitted into the program.
3. Upon acceptance into program:
 - a. Set a date for the child's first day.
 - b. Child will be accepted on a two-week trial basis. After which, a determination will be made regarding the child's continued admittance.
4. Before the first day of attendance, the completed registration packet must be returned along with a copy of the child's immunization records.
5. The first 20 children with completed enrollment and fee paid will be accept. If all positions are filled your child will be placed on the waiting list.

Charges

1. The daily rate for full day care is **20 dollars** a day. This applies to care between the hours of 7:00 am and 5:00 pm.
2. An additional fee of **5 dollars** per half-hour will be added for students who are not picked up by 5:00 pm
3. Dederick Pre-K offers the following discounts:
 - a. "Financial hardship." Children who qualify for free or reduced lunches, as determined by the completion of the *Income Eligibility Form* may receive a **25 percent** discount. This form must be filled out and returned to the center annually.
 - b. "Monthly pay." Families that pay for a month of care at a time may receive a **5 percent** discount on care. Monthly Charge is determined by the number of school days in a given month. Ask for an annual payment calendar.
 - c. "Family." Families with more than one student enrolled will receive a **10 percent** discount.
4. Children enrolled at promotional prices shall not receive additional discounts

Payment policy

1. Upon completion of enrollment, payment must be made for the remainder of the week.
2. Payment is to be made weekly on the first attendance day of the week when the child is dropped off.
3. Payments must be made prior to services rendered.
4. If an account falls more than a day behind the child may be removed from the program.
 - a. A child may return to classes when their account has been paid through the end of the week plus a **10 dollar** administrative fee.
5. Director may utilize discretion in making payment plans.

Financial assistance

1. Dederick Pre-K partners with the Missouri Department of social services. This partnership provides financial assistance to families for childcare purposes. You may apply online for financial help at dss.mo.gov/fsd/child-care.htm or utilize the form in your enrollment folder. Parent or Guardian is responsible for completing and returning any necessary documentation.

Childcare practices and concepts

1. Dederick Pre-K acts under the management of Dederick Christian Church. No child will be turned away due to religious affiliation. It is the practice of Dederick Pre-K to accept and love all children independent of race, religion, orientation, or any other facet of identity.
2. A standard day will consist of play, learning stations, nap, and meals. While we act by Christian values, no Bible lessons will be provided for the Children. Official curriculum will be secular in nature.

Hours

1. Dederick Pre-K will be open Monday through Friday from 7:00 a.m to 5:00 p.m. If any non-emergency closures are deemed necessary, parents will be given no less than one month notice.

Attendance

2. Attendance will be taken daily. It is the responsibility of the parent to notify the pre-school if a student will be absent. Because our focus is Pre-K education we strongly encourage parents to limit the number of absences from the program. Children counted absent will have payment for that day reimbursed to their account up to 5 absences a month.

Sign in and Sign out Policy

1. Children will be required to sign when they arrive at the school. CHILDREN WILL ONLY BE RELEASED TO AUTHORIZED INDIVIDUALS SPECIFIED ON THE ENROLLMENT FORM.
2. Photo I.D may be request by staff to verify the identity of authorized guardian.
3. If you are in a custody dispute, please provide a copy of the court sanctioned visitation restrictions.

Inclement weather policy

1. We understand life doesn't stop for snow. We will make every effort to remain open all year. Announcements of emergency closures will be posted to our Facebook Page.

Holidays

1. Parents will be expected to find alternate care arrangements on the following days:
 - a. Thanksgiving Day.
 - b. Christmas Eve and Day
 - c. Memorial day.
 - d. Labor Day
 - e. VBS Friday June 28th, 2019. Your child may still be here from 7-5, however you will not be charged.

Personal items

1. Dederick Pre-k will not be held responsible for lost or damaged personal items. Use of personal electronic devices such as cell phones or Gameboys is not permitted.
2. Parents are required to provide a change of clothes to be left at the center.
3. Parents are required to provide a child's blanket every week. This blanket will be sent home on Friday to be laundered.
4. Students must wear socks or have slippers for indoor use with them at the facility.

Discipline

1. When young people are engaged in developmentally appropriate activities, few discipline problems occur. However, when young people do behave inappropriately, the staff will intervene with constructive solutions. The primary methods of discipline are intervention, redirection, and time-out. Time-out periods will vary according to the age of the person.
2. An incident report will be completed by the Director in cases of serious or chronic misbehavior, and the parent will be notified. Both the Director and parent will sign the report and each will retain a copy for their records. Serious or chronic misbehavior can result in immediate dismissal from the program.
 - a. Misbehavior is qualified as:
 - i. Bullying.
 - ii. Cause emotional or physical harm to other students and faculty.
 - iii. Consistent inability to follow directions.
 - iv. Inability to play well with others.

Discharge

1. Daycare licensing rules state that "Children shall not be permitted to intimidate or harm others, harm themselves or destroy property," and if this occurs, we reserve the right to dismiss your child immediately. A child may also be discharged for the following reasons:
 - a. Chronic misbehavior after repeated efforts to correct such behavior have been unsuccessful.
 - b. If the center's staff or parent (s) cannot establish a mutually satisfactory working relationship.
 - c. Any other problems that interfere with the daily operation of the facility.
 - d. Child's account is more than 1 day past due.

Emergency Plan

Dear Parent/Guardian,

In the event of an emergency, Dederick Pre-K has outlined the following response plan. Please know that Dederick Pre-K will make every attempt to notify you, so it is vital that you keep your emergency contact information up-to-date. Keep this letter so that you will know how to contact us in the event of an emergency.

Evacuation/Relocation:

- If the emergency is confined to the immediate area of Dederick Pre-K, e.g. a fire, and the children cannot stay at the premises, the children will be vacated to the grass lot across the street. The children and staff will remain at this location while you or your emergency contact is notified.
- If the emergency is more widespread and encompasses a larger area such as the neighborhood, and the children will be transported to the El Dorado Springs Community Center at 135 West Spring. The children and staff will remain at this location while you or your emergency contact is notified.

Notification:

- Every effort will be made to contact you as soon as the children and staff are safe. If we cannot reach you, we will contact your alternate emergency contact. Children will only be released to you or your alternate emergency contact during times of emergency.

Emergency Supplies:

- We encourage you to bring individual emergency packs for your child to keep at our facility that includes a change of clothes, blanket, and family photos or a comfort item, such as a teddy bear. These individual packs will be stored in our safe room and only accessed during an emergency.

Please be reassured that the Daycare staff will remain with and care for the children at all times during and emergency to ensure the children's safety. As always, please don't hesitate to contact me if you have any questions or concerns.

Sincerely,

Anna Kouba
Dederick Pre-K Director

• **Media Release Form**



I, the undersigned, do hereby consent and agree that Dederick Pre-K, its employees, or agents have the right to take photographs, videotape, or digital recordings of my child, _____, beginning on _____ and to use these in any and all media, now or hereafter known, and exclusively for the purpose of Dederick Pre-K, including but not limited to, website and brochures and newspaper articles. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Dederick Pre-K, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately. I waive any rights, claims, or interest I may have to control the use of my child's likeness in whatever media used.

I understand that there will be no financial or other remuneration for my child's pictures.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Child's Name: _____ Date: _____

Address: _____

Phone: _____

Signature: _____

Staff of Dederick Pre-K Signature: _____



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 Dederick Pre-K	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

<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW IS CHILD RELATED TO CHILD CARE PROVIDER?
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME	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.			
				MONDAY	TUESDAY	WEDNESDAY
<input type="checkbox"/>	AM PM	AM PM				
<input type="checkbox"/>	AM PM	AM PM				
<input type="checkbox"/>	AM PM	AM PM				
<input type="checkbox"/>	AM PM	AM PM				
<input type="checkbox"/>	AM PM	AM PM				
<input type="checkbox"/>	AM PM	AM PM				
<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 YEAR'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				
Dederick Pre-K				
DAY CARE PROVIDER OR HOME PROVIDER				
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	

**Child and Adult Care Food Program
Parent Letter – Non-Pricing Child Care Centers
July 1, 2018 through June 30, 2019**

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If the income is higher than the amount listed for your family size, you do not need to complete the income application.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$22,459	5	\$54,427
2	\$30,451	6	\$62,419
3	\$38,443	7	\$70,411
4	\$46,435	8	\$78,403
For each additional Family Member, add			+\$7,992

To apply for free or reduced-price meal benefits for your children, you must complete the attached Income Eligibility Form (IEF). Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided; however you are not required to complete the IEF. Notify the center should the household income decrease and/or if the household size increases. A participant may be eligible for free or reduced-price meals. The application is valid until the last day of the month in which the form was approved/dated/signed one year earlier.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? YES NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	BLACK OR AFRICAN AMERICAN <input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/>	WHITE <input type="checkbox"/>
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PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH <input type="checkbox"/> <input type="checkbox"/> 2 X A MONTH <input type="checkbox"/> EVERY 2 WEEKS <input type="checkbox"/> WEEKLY <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination: Free Reduced Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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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

Activities schedule for Pre-School (Group A)

7 - 8:00 am Playground/ Indoor free play

8:00 - 8:10 Clean up, go to restroom

8:10 - 8:20 Morning Exercise

8:30 - 9:00 Tub Toys

9:00 - 9:30 Breakfast

9:30 - 10:30 Classroom

10:30 - 11:00 Group learning (Educational activity with all kids together)

11:00-11:45 Recess/ Free Play/ Craft

11:45-12:00 Clean up, go to restroom

12:00-12:30 Lunch

12:30-1:00 Indoor play time

1:00-1:30 Clean up, go to restroom

1:30 - 3:00 Nap Time

3:00 -3:10 Go to restroom

3:10-3:30 Snack

3:30-5:00 Free play or group activity

5:00 – Child Pick-up time

Classroom

- Circle time (Pledge, Months, days, colors, etc.)
- Penmanship
- Stations
 - o Math
 - o Science
 - o Language
 - o Geography
 - o Spanish

Activities schedule for Pre-School (Group B)

7-8:00 am Playground/ Indoor free play

8:00-8:10 Clean up, go to restroom

8:10 – 8:20 Morning Exercise

8:30 -9:30 classroom

9:30-10:00 Breakfast

10:00-10:30- Tub Toys

10:30-11:00 Group learning (Educational activity with all kids together)

11:00-11:45 Recess/ Free Play/ Craft

11:45-12:00 Clean up, go to restroom

12:00-12:30 Lunch

12:30-1:00 Indoor play time

1:00-1:30 Clean up, go to restroom

1:30 - 3:00 Nap Time

3:00 -3:10 Go to restroom

3:10-3:30 Snack

3:30-5:00 Free play or group activity

5:00 – Child Pick-up time

Classroom

- Circle time (Pledge, Months, days, colors, etc.)
- Penmanship
- Stations
 - o Math
 - o Science
 - o Language
 - o Geography
 - o Spanish