

THE SOLID ROCK

Preschool and Mother's Day Out 2018 Enrollment Form

OFFICE USE ONLY

Classroom _____

Admission Date _____

Discharge Date _____

Forms to be retained one year after discharge

Registration Fee \$ _____ Check # _____

Child's Name _____ Nickname _____

Birth Date ____/____/____ (mm/dd/yyyy) Present Age _____ Male Female

Address _____ City _____ Zip Code _____

Mother's Name _____

Home Phone _____

Address _____

Cell Phone _____

(if different from child's)

E-mail Address _____

Maiden Name _____

Employed By _____

Address _____

Work Number _____

Church Member? _____ Where? _____

Father's Name _____

Home Phone _____

Address _____

Cell Phone _____

(if different from child's)

E-mail Address _____

Employed By _____

Address _____

Work Number _____

Church Member? _____ Where? _____

Do Mother and Father live in the same home? Yes No

If no, who has legal custody? _____ Please submit a copy of custody papers with this form.

EMERGENCY CONTACT/PERSON AUTHORIZED TO REMOVE CHILD FROM FACILITY (OTHER THAN A PARENT) If, in case of an emergency, your child needs to be picked up by someone not listed below, please put it in written form and give it to the Director or call and give verbal permission.

Name _____ **Relationship** _____

Phone _____ Cell Phone _____

Address _____

Name _____ **Relationship** _____

Phone _____ Cell Phone _____

Address _____

Name _____ **Relationship** _____

Phone _____ Cell Phone _____

Address _____

Name _____ **Relationship** _____

Phone _____ Cell Phone _____

Address _____

PLEASE, no more than 4 names. You can always call us during extenuating circumstances and let us know of a different person who will be picking up your child.

PERMISSION FOR EMERGENCY TREATMENT OF MINOR

PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY

I understand that I will be notified at once in case of an emergency (accident or injury) 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

The Solid Rock Preschool and Mother's Day Out, FBC Wentzville to contact the following:

Doctor/Clinic:

Name _____ Phone _____

Preferred Hospital:

Name _____ Phone _____

Signature of Legal Guardian (Dad)

Signature of Legal Guardian (Mom)

HEALTH INFORMATION

Please check all that apply:

_____ **My child has no known health concerns.**

_____ **My child has asthma.**

Does your child require medication stored at school? YES NO

_____ **My child has a food allergy/food sensitivity/other allergy.**

Please explain:

Has your child's allergy been diagnosed by a doctor? YES NO

Does your child require Benadryl for the allergy? YES NO

Does your child require an Epi-pen for the allergy? YES NO

If your child has a food allergy,

Has he/she had a reaction after touching these food items? YES NO

If "yes," please explain the incident.

Has he/she had a reaction after smelling these food items? YES NO

If "yes," please explain the incident.

Does your child have any of the following? If yes, please explain.

_____ Vision Problems

_____ Hearing Problems

_____ Speech Problems

_____ Febrile Seizures

_____ Nursemaid's Elbow

_____ Diabetes

_____ Heart Problems

Do you have any concerns about your child's development? Y N If yes, please explain.

Has your child been screened by Parent's As Teachers in your school district? Y N

If yes, were any concerns brought to your attention?

Does your child receive special services (speech, behavior modification)? Y N

Is this the first time you will be leaving your child for a period of time? Y N

PERMISSIONS

I give permission for my child's picture to be posted on the school web-site and/or Facebook page. Pictures posted will be pictures that were taken at school or while on a school field trip.

Signature of Legal Guardian (Dad)

Signature of Legal Guardian (Mom)

We would like to hand out classroom rosters within the first few weeks of school. The roster will include Mom and Dad's name, child's name, address, and home phone number (Or Mom's cell number if there is no home number). **Please check the appropriate statement below.**

_____ I give permission for our information to be included on the classroom roster.

_____ I do not want our information to be included on the classroom roster.

Signature of Legal Guardian (Dad)

Signature of Legal Guardian (Mom)

I _____ **give** consent for my child to take part in field trips or excursions with this day care facility under proper supervision and give my permission for the Solid Rock Preschool to transport my child. It is my understanding that I will be notified when such trips are planned.

I _____ **do not give** consent for my child to be transported for field trips or excursions by this day care facility and will provide transportation when field trips are planned. It is my understanding that I will be notified when such trips are planned.

Signature of Legal Guardian (Dad)

Signature of Legal Guardian (Mom)

AGREEMENTS

The Solid Rock ministry is a ministry of the First Baptist Church of Wentzville. The curriculum offered by the instructors, under the direction of the ministry leadership, will reflect the teachings of the Bible and the articles of faith of the church.

I understand and agree that attending the Solid Rock Preschool and Mother's Day Out ministry is a privilege and the ministry reserves the right to suspend or expel my child in accordance with policies determined by the ministry. Notwithstanding anything to the contrary contained herein, the agreement does not bind either party to any specific period of enrollment. Either party may terminate this Agreement without cause upon (14) fourteen days written notice. I understand that no rights or presumptions of continued enrollment are conferred or implied by this Agreement or by a number of consecutive Agreements. I further agree that no right to notice or renewal or nonrenewal of the Agreement is conferred or implied.

- A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.
- B. I am aware that I may request at any time if there are children currently enrolled in the facility for whom an immunization exemption has been filed.
- C. When my child is ill, I understand and agree that my child may not be accepted for care.
- D. I have read all policies of The Solid Rock Ministry and I agree to abide by them.
- E. I understand that I must pay for the days that my child does not attend.
- F. I understand that the teaching in my child's class will reflect the teaching of the Bible.
- G. I give permission for my child to be videotaped for the sole purpose of the video being shown in our church.

Signature of Legal Guardian (Dad)

Date

Signature of Legal Guardian (Mom)

Date

Religious Organization Child Care Facility Notice of Parental Responsibility

Facility Name First Baptist Church, The Solid Rock Preschool and Mother's Day Out

Address (Street, City, State, Zip Code) 653 Luetkenhaus Blvd. Wentzville, MO 63385

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)	2205 Jefferson; St. Louis 63101	877-2860	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	04/25/2017
Fire Marshal's Office (Fire Safety Inspection)	P.O. Box 844; Jefferson City 65102	751-2930	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	04/10/2017
Local Health Office or DHSS (Sanitation Inspection)	1650 Boonslick; St. Charles 63301	949-7404	Pending <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not approved <input type="checkbox"/>	04/06/2017

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	8
5 years of age and older	1 staff member for every	10

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 120

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:

Refer to the Parent Handbook

The educational philosophy and policies of this facility are:

Refer to the Parent Handbook

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) <u>Conda Halcomb</u>	DATE <u>6/1/2017</u>
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR <u>Ralph [Signature]</u>	DATE <u>6/1/2017</u>
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.

STUDENT INFORMATION*(This form will go directly to your child's teacher)***CHILD'S FULL NAME** _____**MALE** **FEMALE**

Throughout the year, depending upon your child's age, we will be helping your child learn some or all of the following: parent names, one phone number, and his/her address. Please consider what you want him/her to learn as you fill in the blanks below. Also, let us know of any changes.

FIRST NAME YOU WOULD LIKE YOUR CHILD TO LEARN TO RECOGNIZE/WRITE _____
 (i.e.: If your child's name is Rebecca, do you want her to learn to recognize/write "Becky" or "Rebecca"?)

BIRTH DATE _____ CONTACT PHONE NUMBER _____

PARENT'S NAMES _____

HOME ADDRESS _____ CITY _____

ZIP CODE _____ EMAIL ADDRESS _____
 (Email will be the teachers' primary form of contact throughout the school year.)

HEALTH CONCERNS (Please include any food allergies or sensitivities.) _____

IS THERE ANYTHING ELSE YOU WOULD LIKE THE TEACHERS TO KNOW (Fears, learning style, personality) _____

List your child's siblings and ages.
 (As we interact with your child, it helps us to know the names of family members.)

Name	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FOR OFFICE USE ONLY	
CLASSROOM	_____
DAY(S) IN ATTENDANCE	Monday Tuesday Wednesday Thursday
FACEBOOK	yes no
ROSTER	yes no
FIELD TRIP	yes no
Medication needed	_____