



MISSOURI DEPARTMENT OF ELEMENTARY
AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

&

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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		TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>			
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL		WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER	
FATHER'S/GUARDIAN'S NAME		TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>			
E-MAIL ADDRESS			
EMPLOYER OR SCHOOL		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 NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)			

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MDA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2968; email civilrights@desse.mo.gov.

RELATED CHILD

☐ YES ☐ NO

HOW IS CHILD RELATED TO CHILD CARE PROVIDER

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

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

CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

☐ BREAKFAST ☐ MORNING SNACK ☐ LUNCH ☐ AFTERNOON SNACK ☐ SUPPER ☐ EVENING SNACK ☐ 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 ARRANGEMENT, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE

(LIST CHILDCARE FACILITY NAME HERE)

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 HOME 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

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- 2) Fax: (202) 690-7442; or
- 3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.



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 ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY

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 ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ WHITE

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) XXX-XX-	DATE / /
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER () -

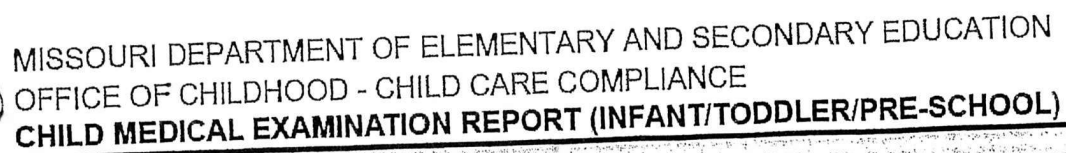
Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing 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 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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**RESET**

BIRTHDATE

CHILD'S NAME

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

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.)

abeles, astina, bonavet, pr...

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

TO BE FILED IN CHILD'S RECORD AT CHILD CARE FACILITY

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Authorization For Emergency Care and Transportation

Child's Name _____

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, medical treatment is necessary, I authorize Tendercare Learning Center #4 to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office; including the possible use of an ambulance located at

Or the doctor contacted will be

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

X

Parent/ Guardian Signature

Date

X

Tendercare Learning Center #4

Date

Tendercare Fee Agreement

My child, _____ will be attending Tendercare Learning Center on the following days:

Registration fee: \$ 100.00

(Circle Days Attending) Monday Tuesday Wednesday Thursday Friday

____ PLAN 1 – Daily

My establishment daily amount will be \$ _____ with a three-day minimum. This is ONLY available for infants and toddlers in space is available. Days of attendance must be the same every week or we must have a schedule a week in advance. **A Minium of three days will be charged to your account regardless of attendance.** Tuition is due the Friday before the week of care. A late fee of \$ 25.00 will be charged to your account for ANY outstanding balances NOT received by Tuesday (service week) at 10:00 AM. Part-time enrollment can be cancelled if space is needed for full-time childcare.

____ Plan 2- Weekly

My established amount will be: \$ _____. Tuition is due Friday before the week of care. A late fee of \$25.00 will be charged to your account for ANY outstanding balances NOT received by Tuesday (service week) at 10:00 AM.

____ Plan 3- State Assistance

State contract amount: _____ Sliding Fee/day \$ _____ Co-pay/Wk. \$ _____

Total parent responsibility: \$ _____ per week

Contract start date: _____ End date: _____ Approved hours: _____ Approved Days: _____

- I understand that Plan 2 & Plan 3 are weekly rates and apply regardless of my child's attendance. No refunds allowed for missing days. Tuition is due the Friday before care. A late fee of \$ 25.00 will be charged to your account for ANY outstanding balances NOT received by Tuesday (service week) at 10:00 AM.
- There are no refunds for missing days or Holidays. Each family will receive 5 vacation days after one year of enrollment.
- I understand that childcare services will be suspended until past due amounts are paid. All accounts must be current to continue receiving services.
- I understand the fee is \$ 40.00 for an NSF (non-sufficient funds) check and must be paid in full with tuition before continuing services.
- Late child pickup fees are due upon pick up of \$1.00 per minute, per child after 6:00 PM.

Parent signature: _____ Date: _____

Director's Signature: _____ Date: _____

Tendercare Policies

Please be sure you have read and understand the below policies. Please initial beside each policy and sign at the bottom

____ Tuition is due on Friday before childcare is provided. A \$25 late fee will apply for accounts not paid before Tuesday. If your account falls one week behind, you will have to withdraw your child until tuition is current. This includes state co-pays. If a collections or small claims court is needed to collect these funds, you will be responsible for any additional expenses that occur.

____ Tuition credit is not given for absences due to illness or holidays or behavioral instances. However, after one year of enrollment each family will receive five vacation days.

____ All children must be escorted inside the building by an adult. We will only release children to adults on the authorized release form. Parents must sign their child in and out each day.

____ In order to keep all of our children healthy, it is our policy that your child be fever, diarrhea and vomit free for at least 24 hours before returning to the center if sent home.

____ Each parent will need to supply a complete change of clothing, diapers if applicable, wipes and a blanket to be kept at school.

____ Toys, cell phones and gaming systems should not be brought to the center. We provide a large variety of age-appropriate, educational toys and manipulatives.

____ All files must always be kept current to be in compliance with state laws. Please inform us of any changes in medications, phone, address or contact information. Immunizations, medical forms and DFS contract must be kept up-to-date

____ All medications brought into the center must be given to the director. A medical form must be completed and signed by the guardian in order for us to administer the medication to the child. The medication must be in the original bottle with your child's name on it along with instructions.

____ Should a serious medical condition occur, we will make an immediate attempt to contact you or your emergency contact. If we are unable to reach either, we will call for emergency assistance 911. Parents will assume responsibility for any resulting expenses.

—Our center is open from 6 AM to 6 PM Monday through Friday. Late charges will apply at the rate of one dollar(\$1) per minute per child after 6 PM. These fees are due upon pick up. Family services will be contacted for any child left after 7 PM.

—Our drop off time is 9:30 AM. If your child will be arriving later than this time, for a doctors appointment etc. please call and notify the center. If you do not call by 930 , your child will not be admitted. Students will not be admitted after 12 PM.

—If a child is unable to adjust or is having discipline issues after a reasonable manner of time, the director reserves the right to request a withdrawal of the child.

Parent or Guardians Signature with date:-_____

Tendercare Learning Center strives to provide quality childcare that promotes fairness, stability, and consistency. In this effort, we must all abide by a code of conduct. This code of conduct not only affects each individual, it affects the center as a whole. The behaviors and attitudes of all of us can change the otherwise inviting environment here at Tendercare.

Certain offenses will not be tolerated at Tendercare. Behaviors such as, but not limited to, fighting, pushing, yelling, teasing, bullying, inappropriate language, inappropriate touching, and an inability to listen and follow directions will not be accepted.

We will make every effort to work with the parents and children displaying chronic disruptive behavior. We are here to serve and protect all of our children. Children displaying chronic behavior which has been determined to be upsetting to the physical or emotional being of another child will be subject to the following actions:

1. Initial Consultation

- a. Tendercare will warn child
- b. The problem will be defined on paper and parent notified
- c. Loss of privilege will occur
- d. Goals and/or strategies will be established to help find a solution to discourage future problem behavior.

2. Second Consultation

- a. Parent will be notified and child will be removed from our center for the remainder of the day. (Must be picked up within one hour)
- b. Goals and/or strategies will once again be assessed, and a parent conference will be required.

3. Suspension

- a. When the previous attempts have been followed and no progress has been made towards solving the problem, the child will be suspended indefinitely.
- b. Tendercare may immediately suspend a child if he/she exhibits behavior which is harmful to himself/herself or others.
- c. A parent may be called from work anytime to remove a child if their behavior cannot be modified by the staff at Tendercare. If this does occur, a meeting between the center director, the caregiver and parent must be scheduled prior to the child returning.

I have read and understand the consequences of my child's behavior. I take full responsibility for the outcome of the choices.

Parent Signature	Date
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Permission to Photograph

I, _____, give permission for Tendercare to photograph my child,
_____, for the following purposes:

Type of Uses:	Grant Permission (Initial)	Decline Permission (Initial)
Still Photographs		
Display in my personal scrapbook		
Give photographs possibly containing your child to current clients		
Display in facilities scrapbook or bulletin boards, shown to current prospective clients		
Display still photos on child care website		
Post photos on child cares Facebook page		
Other:		
Videos:		
Give video to current parents		
You Tube promotional video		
Other:		
Other (please list):		

*Only first names and possible last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

Dear Parent / Guardian:

In the event of an emergency situation, **<Tendercare Learning Center #4>**, has outlined the below response plan. Please know that **< Tendercare Learning Center #4>**, will make every attempt to notify you so it is vital that you keep your emergency contact information up-to-date. Keep this letter with you 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 at the **< Tendercare Learning Center #4>**, e.g. fire, and the children cannot stay on the premises, the children will be taken to **< Youth In Need>** (across the street)

Address: **<1815 Boone's Lick Road>**

City, State Zip: **<St.Charles Mo, 63301>**

1. Telephone Number: **<636-946-5600>**. The children and staff will remain at this location while you or your emergency contact is notified of the situation.

If the emergency is more wide spread and encompasses a larger area such as the neighborhood due to an environmental threat, e.g. flood, and the children cannot remain in the immediate area, they will be transported to **<Tendercare Learning Center #11>(St. Charles, Mo)**

Address: **<4778 central School Road1**

City, State Zip: **<St. Charles, Mo, 63304>**

Telephone Number: **<636-928-9907>**

The children and staff will remain at this location while you or your emergency contact is notified of the situation.

Notification

1. 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.

Information about the event can be obtained through radio stations, **< WII 314-644-6397>**

Radio Z 314-432-9170

2.

Emergency Supplies

1. We encourage you to bring individual emergency packs for each child to keep at our facility that includes a change of clothes, a few family photos and a comfort item like a small teddy bear to help comfort your child during a crisis. These individual packs will be stored in our safe room and only accessed during an emergency.

Please rest assure that **< Tendercare Learning Center #4>** staff will remain with and care for the children at all times during an emergency to ensure the children's safety. As always, please don't hesitate to contact me if you have any questions or concerns.

Sincerely,

<Director/Owner>

(THIS LETTER IS MEANT TO ALSO BE GIVEN TO PARENTS UPON ENROLLMENT)

MY FIRST DAY

Welcome to Tendercare Learning Center.

Below is a list of things that your
child/children will need for their first day.

1. Completed Enrollment Packet
2. Updated shot record
3. Labeled Crib Sheet and Blanket
4. Extra Change of Clothes
5. Diapers and Wipes (if needed)
6. Weekly Tuition Payment

