



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	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF THE SAME AS ABOVE

E-MAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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FATHER'S/GUARDIAN'S NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF THE SAME AS ABOVE

E-MAIL ADDRESS

EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
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EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
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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)
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ADDRESS (STREET, CITY, STATE, ZIP CODE)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
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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:	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
MONDAY	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
TUESDAY	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
WEDNESDAY	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
THURSDAY	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
FRIDAY	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SATURDAY	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
SUNDAY	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> 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			
CACFP REQUIREMENT	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				

(LIST CHILDCARE FACILITY NAME HERE)				
TO CONTACT THE FOLLOWING:				
PHYSICIAN OR CLINIC				
NAME			TELEPHONE NUMBER	
PREFERRED HOSPITAL				
NAME			TELEPHONE NUMBER	
ACKNOWLEDGMENTS				
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 participation 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, etc.), 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-complain>, 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.



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

Monthly Tuition Rates

*There is a one time \$50 registration fee for all new students

A.M. Preschool	8:30 - 11:30	Extended Care 7:30 - 11:30
2 Days	\$125	\$145
3 Days	\$175	\$205
4 Days	\$225	\$265
5 Days	\$270	\$320

*Breakfast Served. To stay through lunch, add \$20/month and pick up at 12:10

P.M. Preschool	11:30 - 4:00	Extended Care 11:30 - 5:00
2 Days	\$145	\$165
3 Days	\$195	\$225
4 Days	\$245	\$285
5 Days	\$290	\$340

*Lunch and afternoon snack served.

All Day Preschool	8:30 - 4:00	Morning Extended Care 7:30 - 4:00	Afternoon Extended Care 11:30 - 5:00	All Day Extended Care 7:30 - 5:00
1 Day	\$110	\$120	\$120	\$130
2 Days	\$210	\$230	\$230	\$250
3 Days	\$310	\$340	\$340	\$370
4 Days	\$390	\$440	\$440	\$480
5 Days	\$485	\$535	\$535	\$585

*Breakfast, lunch, and afternoon snack served.

Prepaid Extended Care \$2.50/hour

Not Prepaid Extended Care \$2.00/half hour

Preapproved Extra Day \$15 for half day, \$25 for full day

10% multi child discount, does not include extended care hours

Play Learn Achieve Academy Tuition Contract

1. There is no discount, refund, or other allowance for absence, illness, vacation, holidays, school closures, or any other reason. Any changes to child’s enrollment schedule must be submitted in writing.
2. Parents/Guardians will be required to give two weeks’ notice to terminate enrollment, submitted in writing. Parents/Guardians will pay tuition for the two-week notice period, even if the child does not attend the school during that time.
3. School operational hours are Monday – Friday from 7:30am to 5:00 pm (except for school holidays listed on the calendar and other school closures). Families picking children up after the conclusion of their scheduled departure will be charged a late fee of \$1.00/minute if not contacted. If contacted, the late fee is charged at our discretion.
4. Tuition, registration fees, late payment fees, late pick-up fees and all other fees are payable directly to Play Learn Achieve Academy, LLC.
5. Tuition is due by the 5th day of each month. If tuition is not received by the 10th day of the month, a \$25 fee will be incurred and added to the next month’s bill. Additionally, if payment is 30 days late and no arrangements have been made, your child will not be able to continue at Play Learn Achieve Academy.
6. A \$25 fee will be assessed for all NSF checks or other forms of returned payments.
7. Play Learn Achieve Academy LLC reserves the right to exclude any child from attendance, temporarily or permanently, under any circumstances deemed in discretion of the Director, to be interfering with the health, safety or educational development of the child or any other child(ren) or whose conduct is unsatisfactory.

By signing below, each signatory declares to have read, understood, and come into agreement with the terms of this Preschool Tuition Contract. Furthermore, each Parent or Guardian signing below has received, reviewed, and agreed to policies and procedures of the Parent Handbook.

Please indicate the days and times will your child be attending preschool:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					

Signature of Parent and/or Guardian who is financially responsible:

_____ Date: _____

FOR OFFICE USE ONLY:	
Child’s Name: _____	DOB: _____
Discount? _____	\$50 registration fee received on _____ Tuition Fee _____

Media Release Form

Dear Parent/Guardian:

During the school year, we take photographs and videos of school activities involving students to share the school's positive vibe and updates. By which some photographs may capture your child's participation, directly or indirectly.

These photos may be published through our website, social media pages, news bulletins, billboards, and ads. Published media will never include your child's name.

With this, we seek for your consent in allowing us to publish photos which may involve your child to the said platforms.

Please do provide your response by selecting your choice below

- I hereby allow the reproduction and publication of my child's photograph(s)
- I do not allow the reproduction and publication of my child's photograph(s)

List any exceptions below if applicable:

Child's Name: _____

Signature of Parent and/or Guardian:

_____ Date: _____

Enrollment Questionnaire

Child's Name: _____ Birthday: _____ Age: _____

Parent's Names: _____

Siblings Names/Ages: _____

Please list your child's preschool or daycare experience (Facility name and dates of attendance): _____

Has anyone else cared for your child?

Any helpful information about daily routines (naps, potty training, etc.):

Any known allergies, and how they are handled?

Does your child like to try new things?

What five words best describe your child?

Does your child have any hobbies, sports, or special interests?

Describe your child's peer relationships:

List three activities your child enjoys doing:

Please list any fears your child has (thunder, bugs the dark, monsters, etc.):

Why did you choose PLA?

How did you hear about us?

What expectations/goals do you have for your child at preschool?

Do you have any concerns about your child's development?

List any special services that your child is currently receiving (Speech, OT, PT, etc.):

Please provide any additional information you think we should know about your child:

It is especially important to have open communication. If something happens at school that might make your child's evening more difficult (short nap, didn't eat well, etc.) or something exciting happened that your child might like to share with you, we will let you know. Likewise, if your child is having a rough morning, or has news to share, please let us know. We are a team and work to help each child through tough times and celebrate good times. We are excited to have your family as part of the PLA family!

Cell Numbers: Mom: _____ Dad: _____ Do you text? _____

Signature of Parent and/or Guardian:

 Date: _____

Play Learn Achieve Academy

2021 / 2022 School Calendar

Teacher Work Day

No Students

Holiday / No School

No Students

Summer Vacation

Closed

August 2021				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

September 2021				
M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

October 2021				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

November 2021				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

December 2021				
M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 2-6	Teacher Work Week
August 23	First Day of Preschool
September 6	Labor Day
November 5	No School
November 24-26	Thanksgiving Break
Dec. 22 - Jan 2	Christmas Break
January 17	Martin Luther King Jr. Day
February 21	Presidents Day
April 13-18	Spring Break
May 24	Last Day of Preschool
May 27	Teacher Work Day
May 30-31	Memorial Day Break
June 1-30	Summer Break
If Camdenton Schools are closed due to inclement weather, PLA will also be closed	

January 2022				
M	T	W	Th	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

February 2022				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28				

March 2022				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

April 2022				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

May 2022				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

June and July 2022				
Closed 6/1-7/31				

Play Learn Achieve Academy
 765 W US Hwy 54, Camdenton, MO 65020
 (573)873-2556
www.plaacademy.com

Regular Preschool Hours: 8:30 am - 4:00 pm
Morning Extended Care: 7:30 am - 8:30 am
Afternoon Extended Care: 4:00 pm - 5:00 pm

Daily Schedule

7:30-8:30	Extended Care - Free Choice
8:30-9:00	Free Choice
9:00-9:05	Wash Hands/Bathroom
9:15-9:45	Breakfast
9:45-9:55	Music
9:55-10:10	Circle Time: Attendance/Pledge of Allegiance/Calendar/Weather/Music/Book
10:10-10:35	Table Time: Literacy/Fine Motor/Math/Science- Large Group
10:35-11:00	Child Guided Learning Centers: Small Groups
11:00-11:35	Gross Motor Playground/Motor Room
11:30	Morning Dismissal
11:35-11:40	Wash Hands/Bathroom
11:40-12:10	Lunch
12:10-12:30	Restroom Break for everyone and prepare for nap/rest time
12:30-3:00	Nap/Quiet Room Activities for early risers/non-sleepers
3:00-3:05	Wash Hands/Bathroom
3:05-3:35	Snack
3:35-4:30	Gross Motor Playground/Motor Room
4:00	P.M / All Day Preschool Dismissal
4:00-5:00	Extended Care - Child Choice: Playground/Motor Room/Table Activity

*Individual bathroom breaks occur as needed throughout the day.

School Supplies

4 Glue Sticks

2 Boxes Kleenex

White Liquid School Glue

8 Rolls Paper Towels

Crayola Crayons

3 Clorox Wipes

*Spiral Notebook

2 packs Baby Wipes for faces and hands

Crayola Washable Markers

1 box quart or gallon sized bags

Watercolor Paint

Dry Erase Markers

Family Photo (snap shot to hang on the back door). You can send via email.

*Backpack or bag for carrying home notes and art

Blanket /Pillow/Stuffed Friend to leave here if napping

*Extra Change of Clothes - Season Appropriate (in a big baggie)

Diapers/Pull-Ups/Wipes for Diapering if needed

*Mark with your child's name