



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 |
|--------------------------|------------------|

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

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 THE SAME AS ABOVE

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)

RELATED CHILD

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | HOW IS CHILD RELATED TO CHILD CARE PROVIDER |
|--|---|

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.

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: _____

2021/2022 School Calendar

| | | |
|---------------------|--------------------------------|--------|
| August 23 | First Day of Preschool | |
| September 6 | Labor Day | Closed |
| November 5 | No School | Closed |
| November 24, 25, 26 | Thanksgiving Break | Closed |
| December 22-Jan 2 | Christmas Break | Closed |
| January 17 | Martin Luther King Jr Day | Closed |
| February 21 | Presidents Day | Closed |
| April 13-18 | Spring Break | Closed |
| May 24 | Last Day of Preschool | |
| May 27 | Teacher Work Day | Closed |
| May 30 | Memorial Day | Closed |
| May 31 | First Day of Summer School | |
| July 4 | Independence Day | Closed |
| July 25-Aug 5 | Summer Break/Teacher Work Week | Closed |

If Camdenton Schools are closed due to inclement weather PLA will also be closed.

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