



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)					
<b>IDENTIFYING INFORMATION</b>					
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			
<b>EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY</b> (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)					
<b>COMMENTS ON CHILD'S DEVELOPMENT</b> (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)					
<b>RELATED CHILD</b>					
<input type="checkbox"/> YES <input type="checkbox"/> NO		HOW IS CHILD RELATED TO CHILD CARE PROVIDER?			
<b>CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED</b>					
<b>CACFP REQUIREMENT</b>	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	<input type="checkbox"/>	AM    PM	AM    PM	
	TUESDAY	<input type="checkbox"/>	AM    PM	AM    PM	
	WEDNESDAY	<input type="checkbox"/>	AM    PM	AM    PM	
	THURSDAY	<input type="checkbox"/>	AM    PM	AM    PM	
	FRIDAY	<input type="checkbox"/>	AM    PM	AM    PM	
	SATURDAY	<input type="checkbox"/>	AM    PM	AM    PM	
	SUNDAY	<input type="checkbox"/>	AM    PM	AM    PM	

<b>CACFP REQUIREMENT</b>	<b>CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY</b>			
	<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			
	<b>CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY</b>			
	NEW YEARS'S DAY (JANUARY)	MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	PRESIDENT'S DAY (FEBRUARY)	EASTER (MARCH/APRIL)
	MEMORIAL DAY (MAY)	INDEPENDENCE DAY (JULY)	LABOR DAY (SEPTEMBER)	COLUMBUS DAY (OCTOBER)
VETERANS DAY (NOVEMBER)	ELECTION DAY (NOVEMBER)	THANKSGIVING (NOVEMBER)	CHRISTMAS DAY (DECEMBER)	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>				
<p>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.</p> <p>IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE</p> <p style="text-align: center;">_____ DAY CARE PROVIDER OR HOME PROVIDER</p> <p>TO CONTACT THE FOLLOWING:</p>				
<b>PHYSICIAN OR CLINIC</b>				
NAME			TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>				
NAME			TELEPHONE NUMBER	
<b>ACKNOWLEDGEMENTS</b>				
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	<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	<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	
<b>CACFP REQUIREMENT</b>	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, 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**October 14, 2015**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION

**CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)**

**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.)

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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 - 4:00
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.

Signature of Parent and/or Guardian who are 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:

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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?

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How did you hear about us?

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

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

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

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

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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:

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 Date: \_\_\_\_\_

**2020/2021 School Calendar**

August 24	First Day of Preschool	
September 7	Labor Day	Closed
November 25, 26, 27	Thanksgiving Break	Closed
December 23-Jan 3	Christmas Break	Closed
January 19	Martin Luther King Jr Day	Closed
February 15	Presidents Day	Closed
April 1-5	Spring Break	Closed
May 21	Last Day of Preschool	
May 31	Memorial Day	Closed
June 1	First Day of Summer School	
July 5	Independence Day	Closed
July 19-Aug 6	Summer Break/Teacher Work Week	Closed

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

**Make-Up Schedule for Snow Days**

1st Day Jan. 18	5th Day May 26
2nd Day Feb. 15	6th Day May 27
3rd Day May 24	7th Day April 1
4th Day May 25	8th Day May 28

## Daily Schedule

7:30-8:30	Extended Care - Free Choice
8:30-9:00	Free Choice
9:00-9:05	Wash Hands/Bathroom
9:05-9:35	Breakfast
9:35-9:45	Music
9:45-10:00	Circle Time: Attendance/Pledge of Allegiance/Calendar/Weather/Music/Book
10:00-10:15	Table Time: Literacy/Fine Motor/Math/Science- Large Group
10:15-11:00	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