



## SUMMER CAMP ENROLLMENT PACKET

<b>Contact Information</b>	Our Savior Lutheran Church & Early Childhood Center 2800 Elm Street, St. Charles, Missouri 63301 (636) 947-8010 (Phone)   (636) 947-1925 (Fax) www.oslcecc.org Early Childhood Center hours, Monday through Friday, 7am to 6pm.
<b>Enrollment Form</b>	<i>2024 Elementary Summer Camp Enrollment Form</i> must be reviewed, completed in full, signed and submitted to the ECC to process your Child's enrollment.
<b>State Enrollment Form</b>	<i>Missouri Child Care Enrollment Form</i> must be reviewed, completed in full, signed and submitted to the ECC.
<b>Medical Examination Report &amp; Immunization Record</b>	<i>Medical Examination Report</i> must be provided to your Child's pediatrician for completion. The completed and signed form must then be submitted to the ECC along with the child's <i>Immunization Record (annually)</i> . The pediatrician's office may fax the completed report and immunization record to the ECC at (636) 947-1925.
<b>Notice of Parental Responsibility Form</b>	<i>Notice of Parental Responsibility (NPR) Form</i> must be signed and submitted to the ECC.
<b>Payment of Tuition &amp; Enrollment Fee</b>	All tuition payments are to be paid through the FACTS Tuition Management System. If you are not already enrolled for online payments, please enroll at: <a href="https://online.factsmtg.com/signin/4F1NP">https://online.factsmtg.com/signin/4F1NP</a> The annual \$50.00 FACTS registration fee is your responsibility.  Total tuition is equally divided and the balance is paid over 12 weeks, either weekly or monthly. Tuition is not prorated due to holidays.  The nonrefundable Enrollment Fee is \$275 per family. The fee is due at the time of enrollment to secure your child's spot in the Summer Camp. Families with another child currently enrolled in the ECC are exempt. For previous Summer Camp families, payment will be applied to your FACTS account within two (2) weeks of receipt of the completed Enrollment forms. For new families, payments are to be made by cash or check (payable to Our Savior).



## 2024 Elementary Summer Camp Enrollment Form

### GENERAL INFORMATION

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

If divorced or separated, which parent has custody? \_\_\_\_\_ N/A \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both

Does the non-custodial parent have permission to pick your child up? \_\_\_\_\_ N/A \_\_\_\_\_ Yes \_\_\_\_\_ No

If divorced or separated, which parent is responsible for tuition? \_\_\_\_\_ N/A \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both

Child lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparents \_\_\_\_\_ Legal Guardian(s)

Name of Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

For other persons residing in the child's home, other than immediate family members please list:

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relation: \_\_\_\_\_

What school district do you live in? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## EMERGENCY CONTACTS & OTHERS AUTHORIZED TO PICK UP YOUR CHILD

[person(s) must show ID at pick-up]

1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

(Please list additional names, relationships, and numbers on a separate sheet if necessary for authorized or emergency contacts.)

## SPIRITUAL INFORMATION

Do you attend a church?  Yes  No *If yes, please provide the following:*

Name of Church: \_\_\_\_\_

Name of Pastor/Priest: \_\_\_\_\_

How often do you attend? \_\_\_\_\_

Has your child been baptized?  Yes  No *If yes, date of baptism:* \_\_\_\_\_

If you are considering baptism, would you like more information?  Yes  No

Are you interested in information about our Children's Ministry?  Yes  No

## HEALTH INFORMATION

Please attach additional sheets, if necessary.

Name of Child's Pediatrician: \_\_\_\_\_

Pediatrician Phone Number: \_\_\_\_\_

Are your child's immunizations up to date?  Yes  No

According to your pediatrician, are your child's length and weight age appropriate?  Yes  No

*If no, please explain:* \_\_\_\_\_

Do you have concerns with your child's hearing?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Do you have concerns with your child's vision?  Yes  No

*If yes, please explain:* \_\_\_\_\_

**HEALTH INFORMATION Continued...**

Please attach additional sheets, if necessary.

Do you have concerns with your child's health?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Special conditions at birth (jaundice, medical diagnosis, etc.)?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Does your child have any current medical condition(s)?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Does your child have any allergies?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Does your child have asthma?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Does your child take any medications regularly?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Has your child had any hospitalizations or surgeries?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Has your child experienced seizures?  Yes  No

*If yes, please explain:* \_\_\_\_\_

Does your child visit more than one provider for regular medical check-ups and sick care?  Yes  No

*If yes, please list other provider(s):* \_\_\_\_\_

\_\_\_\_\_

Please share any other information you feel would be helpful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILD'S DEVELOPMENT INFORMATION**

Please attach additional sheets, if necessary.

Does your child currently attend before/after care?  Yes  No *If yes, please provide the following:*

Name of Center/In Home Provider: \_\_\_\_\_

Length of enrollment: \_\_\_\_\_

Number of days per week your Child attends: \_\_\_\_\_

Any concerns expressed by teachers: \_\_\_\_\_

Does your child have an IEP?  Yes  No *If yes, please provide a copy.*Does your child receive therapy services or at-home services?  Yes  No*If yes, please explain:* \_\_\_\_\_**SKILLS QUESTIONNAIRE**

Please attach additional sheets, if necessary.

Do you have any concerns about your child's ability to learn or solve problems?  Yes  No*If yes, please explain:* \_\_\_\_\_Do you have any concerns about your child's fine motor or gross motor skills?  Yes  No*If yes, please explain:* \_\_\_\_\_Do you have any concerns about your child's sensory-motor processing skills?  Yes  No*If yes, please explain:* \_\_\_\_\_Do you have any concerns about your child's speech (articulation of sounds)?  Yes  No*If yes, please explain:* \_\_\_\_\_

Do you have any concerns about your child's language skills (understanding and using words to communicate?)

 Yes  No *If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

Do you have concerns about your child's behavior?  Yes  No*If yes, please explain:* \_\_\_\_\_Do you have any concerns about your child's self-help/adaptive skills?  Yes  No*If yes, please explain:* \_\_\_\_\_

## 2024 Tuition & Enrollment Fee Form

Child's Name: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

### 2024 Tuition Prices:

<b>Elementary Camp</b> Children who completed kindergarten through age 12	5 Days	\$211 per week
	3 Days	\$166 per week
	2 Days	\$136 per week

**Tuition Payments:** All payments are to be made through our online FACTS Tuition Management System. There is an annual \$50.00 FACTS registration fee that is your responsibility. Total tuition is equally divided and the balance is paid over 12 weeks, either weekly or monthly. Tuition is not prorated due to holidays.

**Enrollment Dates:** Summer Camp is a 12-week program beginning Tuesday, May 28, 2024 and ending Wednesday, August 14, 2024. The ECC will be closed on July 4<sup>th</sup> and July 5<sup>th</sup> in observance of Independence Day.

Indicate in the schedule below the days needed for each week of Summer Camp. *For staffing purposes, days chosen each week should stay as consistent as possible.*

Week of	Monday	Tuesday	Wednesday	Thursday	Friday
<b>May 27</b>	<b>Closed</b>	_____	_____	_____	_____
<b>June 3</b>	_____	_____	_____	_____	_____
<b>June 10</b>	_____	_____	_____	_____	_____
<b>June 17</b>	_____	_____	_____	_____	_____
<b>June 24</b>	_____	_____	_____	_____	_____
<b>July 1</b>	_____	_____	_____	<b>Closed</b>	<b>Closed</b>
<b>July 8</b>	_____	_____	_____	_____	_____
<b>July 15</b>	_____	_____	_____	_____	_____
<b>July 22</b>	_____	_____	_____	_____	_____
<b>July 29</b>	_____	_____	_____	_____	_____
<b>August 5</b>	_____	_____	_____	_____	_____
<b>August 12</b>	_____	_____	_____	<b>Closed</b>	<b>Closed</b>

**Enrollment Fee:** The nonrefundable Enrollment Fee is \$275 per family. The fee is due at the time of enrollment to secure your child's spot in the Summer Camp. Families with another child currently enrolled in the ECC are exempt. For previous Summer Camp families, payment will be applied to your FACTS account within two (2) weeks of receipt of the completed Enrollment forms. For new families, payments are to be made by cash or check (payable to Our Savior). Please Initial One Option Below:

\_\_\_\_\_ **(Current Families)** I am exempt from paying the Enrollment Fee of \$275 per family because I paid the fee at the time another family member enrolled.

\_\_\_\_\_ **(Previous Summer Camp Families)** I agree to pay the Enrollment Fee of \$275 per family and I understand this fee will be paid on my FACTS account within two (2) weeks of receipt of the completed Enrollment forms.

\_\_\_\_\_ **(New Families)** I agree to pay the Enrollment Fee of \$275 per family and I understand this fee will be paid by cash or check (payable to Our Savior).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FAMILY AGREEMENT FORM

Please Initial each below to acknowledge your understanding and agreement:

1.  I agree to pay the non-refundable \$275 Enrollment Fee per family, as indicated on the tuition form, at the time of enrollment to secure my child's enrollment in the Summer Camp.
2.  I agree to enroll in the FACTS online tuition payment service prior to my child(ren)'s first day of attendance. I agree I will have a separate FACTS plan for the school year and a separate FACTS plan for the summer. I agree to pay the annual FACTS online tuition fee per family via FACTS.
3.  I agree to pay the scheduled tuition that I indicated on the tuition form and I understand tuition rates can change at any time.
4.  I understand there will be a \$25 late fee for past due accounts charged by Our Savior and a \$30 late fee for past due accounts charged by FACTS. All late fees are to be paid through FACTS.
5.  I understand I will be charged \$25 for any returned checks.
6.  I understand if a regularly scheduled tuition payment is not made my child will not be allowed to attend until all tuition and fees are paid.
7.  I understand my tuition includes a hot lunch and two snacks (toddler rooms and above). I will not bring outside food for my child to eat.
8.  I understand if I have two (2) or more children enrolled at the same time, the child(ren) with the lower tuition rate will receive a 10% discount.
9.  I will accept two (2) key fobs for access to the Center and agree to return two (2) key fobs when my child(ren) exits the program.
10.  I agree to pay a \$25 fee to replace a lost key fob for access to the Center.
11.  I understand my child will not be accepted for care if he/she is ill and I will pick my child up promptly if he/she becomes ill at school. I understand my child cannot return to school until he/she is 24 hours (or 48 hours, depending on the illness) symptom free. I understand and I agree to will follow current COVID protocols.
12.  I understand Center hours are 7:00 am to 6:00 pm and will be respectful of these times.
13.  I agree to abide by the policies and procedures set forth in the Early Childhood Center Parent Handbook, which is distributed at the beginning of the school year. I may request additional copies at any time.
14.  I understand only parents or immediate caregivers may have access to Class Dojo accounts, no grandparents or extended family.

Your child may be photographed and/or video recorded during various school activities. Please Initial below either **"Yes" to give consent** or **"No" to not give consent**, for your child's photograph and/or video to be posted on the following forms of media platforms:

Classroom Projects:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Class Dojo:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
OSLCECC.org website	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
OSLCECC Facebook & Instagram:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Presentations Used in House:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

By signing below, I agree to all subjects covered in the Family Agreement Form above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

**CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES**

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	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

**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 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)		

**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

\_\_\_\_\_  
DAY CARE PROVIDER

TO CONTACT THE FOLLOWING:

**PHYSICIAN OR CLINIC**

NAME	TELEPHONE NUMBER
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**PREFERRED HOSPITAL**

NAME	TELEPHONE NUMBER
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<b>ACKNOWLEDGEMENTS</b>		
A	I HAVE BEEN INFORMED OF THE REQUIRED HEALTH AND SAFETY INSPECTIONS AND THE INSPECTION FORMS ARE AVAILABLE FOR REVIEW.	PARENT/GUARDIAN INITIALS
B	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
C	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
D	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.	PARENT/GUARDIAN INITIALS
E	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

**HEALTH REPORT FOR SCHOOL-AGE CHILD  
CHILD'S HEALTH HISTORY AND CURRENT HEALTH PROBLEMS**

MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.

MY CHILD IS ABLE TO PARTICIPATE IN GROUP CARE BUT HAS SPECIAL HEALTH OR MEDICAL REQUIREMENTS AS LISTED BELOW.

ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS

ANY SPECIAL MEDICATIONS AND/ OR RESTRICTIONS

PARENT/GUARDIAN SIGNATURE

DATE

**FORM TO BE RETAINED FOR ONE YEAR AFTER DISCHARGE.**

**FILING:** FILE FORM IN CHILD'S INDIVIDUAL RECORD.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF CHILD CARE

**MEDICAL EXAMINATION REPORT (INFANT/TODDLER & PRESCHOOL-AGE CHILD)**

**I. IDENTIFYING INFORMATION**

PATIENT'S NAME	BIRTHDATE
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**II. CURRENT STATE OF HEALTH**

I HAVE EXAMINED THE ABOVE-NAMED CHILD AND VERIFY THAT THIS CHILD'S MEDICAL HISTORY AND CURRENT STATE OF HEALTH

ARE  ARE NOT SATISFACTORY FOR PARTICIPATION IN A CHILD CARE PROGRAM.

DOES THIS CHILD REQUIRE ANY SPECIALIZED CARE?  YES  NO

IF YES, EXPLAIN IN SECTION IV.

**III. IMMUNIZATION HISTORY**

OUR RECORDS INDICATE THAT THIS CHILD HAS THE FOLLOWING IMMUNIZATIONS:

IMMUNIZATIONS	DATES GIVEN					
	Dose No. 1	Dose No. 2	Dose No. 3	Dose No. 4	Dose No. 5	Dose No. 6
_____ DPT/DT/DTAP						
_____ Polio						
_____ Hepatitis B						
_____ Hib						
_____ MMR						
_____ Varicella						

**IV. COMMENTS/RECOMMENDATIONS**

(SPECIAL DIETS, ALLERGIES, EAR INFECTIONS, CONVULSIONS, DIABETES, EMOTIONAL PROBLEMS)

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SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)
NAME OF CLINIC, GROUP PRACTICE, OTHER		IF NURSE IS SUPERVISED BY PHYSICIAN, INDICATE PHYSICIAN'S NAME
ADDRESS (STREET, CITY, STATE, ZIP CODE)		TELEPHONE NUMBER (      )



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

**RELIGIOUS ORGANIZATION CHILD CARE FACILITY NOTICE OF PARENTAL RESPONSIBILITY**

LEGAL NAME OF FACILITY Our Savior Lutheran Preschool	DVN 000407652
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PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP CODE) 2800 Elm Street St. Charles, MO 63301
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FACILITY TELEPHONE NUMBER 636-947-8010	FACILITY E-MAIL ADDRESS oslc.preschool@sbcglobal.net
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**INSPECTIONS**

Section 210.211 RSMo exempts this religious organization child care facility from state licensing and supervision by the Department of Elementary and Secondary Education(DESE). It is state inspected only for fire, health, and sanitation requirements as indicated below. Inspections are available on the Show Me Child Care Provider Search and can be accessed at <https://dese.mo.gov/childhood/child-care/find-care>

NAME OF AGENCY AND TYPE OF INSPECTION	ADDRESS	TELEPHONE NUMBER	INSPECTION	DATE
Office of Childhood - Child Care Compliance	220 S. Jefferson, St. Louis, MO 63103	3148770210	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	3/9/23
Fire Marshal's Office (Fire Safety Inspection)	220 S. Jefferson, St. Louis, MO 63103	5737512930	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	2/6/23
Local Health Office or DHSS (Sanitation Inspection)	220 S. Jefferson, St. Louis, MO 63103	3148770210	PENDING <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> NOT APPROVED <input type="checkbox"/>	1/13/23

STANDARD STAFF/CHILD RATIOS ESTABLISHED BY THIS FACILITY			STAFF/CHILD RATIOS FOR LICENSED CENTERS		
AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN	AGE RANGE	NUMBER OF STAFF	NUMBER OF CHILDREN
Under 2 years of age	1 staff member for every	4	Under 2 years of age	1 staff member for every	4
2 to 4 years of age	1 staff member for every	2s: 8 3s&4s: 10	2 years of age	1 staff member for every	8
5 years of age and older	1 staff member for every	16	3 and 4 years of age	1 staff member for every	10
TOTAL NUMBER OF CHILDREN ENROLLED BY THIS FACILITY: 120			5 years of age and older	1 staff member for every	16

**BACKGROUND CHECK REQUIREMENTS**

Section 210.254 RSMo requires notification that background checks have been conducted under the provisions of section 210.1080 RSMo. Section 210.1080 RSMo specifies criminal background checks for child care staff members. The requirements for religious organizations operating a child care facility are as follows:

- Facilities operated by a religious organization that receive federal funds for providing care for children must have qualifying background screening results for child care staff members as defined in 210.1080.1(1) RSMo.
- Facilities operated by a religious organization and that do not receive federal funds for providing care for children are not required to have qualifying background screening results for all child care staff members pursuant to 210.1080.9 RSMo.
- Child care staff members of facilities operated by a religious organization that receive federal funds for providing care for children, with disqualifying background screening results are prohibited from being on the premises during child care hours.
- Facilities operated by a religious organization that receive federal funds for providing care for children, must request criminal background checks for child care staff members every 5 years, as defined in 210.1080.1(1) RSMo.

BACKGROUND CHECKS HAVE BEEN CONDUCTED AS REQUIRED BY SECTION 210.1080 RSMO.

Yes  No

**FACILITY DISCIPLINE AND EDUCATIONAL PHILOSOPHY/POLICIES**

THE DISCIPLINARY PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

Teachers establish classroom rules with clear limits and utilize the Conscious Discipline approach. Teachers positively reinforce expectations with guidance and redirection. Teachers talk to the child about his/her choices and explain that we follow the rules to stay safe. The teacher's job is to keep everyone safe; the child's job is to help keep everyone safe. Teachers have a safe place in their room for children to calm down and gather his/herself. If a child repeatedly makes poor choices, the child may be asked to sit for a while to calm down and think about his/her choices and how they affect others in the class. We teach kindness and forgiveness. Our center does not admit children with an immunization exemption.

THE EDUCATION PHILOSOPHY AND POLICIES OF THIS FACILITY ARE:

Our mission is "Learning and growing in God's grace." We provide a safe, nurturing environment that promotes the social, emotional, cognitive, physical, and spiritual development of young children. We encourage "hands-on" learning by setting up the environment for play and follow guidelines for developmentally appropriate practice. Our curriculum is based on the Missouri Early Learning Standards established and endorsed by the Missouri Department of Elementary and Secondary Education.

**REQUIRED SIGNATURES**

Section 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)	DATE
PRINCIPAL OPERATING OFFICER/FACILITY DIRECTOR <i>[Signature]</i>	DATE 8-6-23
INDIVIDUAL RESPONSIBLE FOR THE RELIGIOUS ORGANIZATION – PASTOR, MINISTER, PRIEST, ETC. <i>[Signature]</i>	DATE 8/6/23

Child's Name \_\_\_\_\_