



SCIENCE | TECHNOLOGY | ENGINEERING | ART | MATH

STUDENT REGISTRATION CHECKLIST

- ENROLLMENT FORM
- CHILD MEDICAL EXAMINATION REPORT
- INFANT AND TODDLER FEEDING AND CARE PLAN
- MEDICATION AUTHORIZATION
- PERMISSION FOR CHILD TO LEAVE FACILITY
- PASSWORD
- SCHOOL AGE CHILD HEALTH REPORT
- COPY OF BIRTH CERTIFICATE
- REGISTRATION FEE
- SCHOOL SUPPLIES

Please make sure all checks are payable to Little Crayons Preschool.

Please write your child's name on the memo line of the check.

If you have any questions in regard to any of these forms, feel free to reach out dial 872- CRA - YONS



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL 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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PARENT/GUARDIAN NAME	TELEPHONE NUMBER
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ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS

EMAIL 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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If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

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)

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 MOA 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 800-735-2966; email civilrights@dese.mo.gov.

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

<input type="checkbox"/> Yes <input type="checkbox"/> No	CHILD'S RELATION TO CHILD CARE PROVIDER
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ETHNIC AND RACE 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.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Check what days your child will attend.				
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

Breakfast Morning snack Lunch Afternoon snack Supper Evening snack None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

<input type="checkbox"/> New Year's Day	<input type="checkbox"/> Easter	<input type="checkbox"/> Labor Day
<input type="checkbox"/> Martin Luther King, Jr.'s Birthday	<input type="checkbox"/> Truman Day	<input type="checkbox"/> Columbus Day
<input type="checkbox"/> Lincoln's Birthday	<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Veterans Day
<input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Juneteenth	<input type="checkbox"/> Thanksgiving Day
	<input type="checkbox"/> Independence Day	<input type="checkbox"/> Christmas Day

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event 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 the necessary arrangements, or in a critical emergency requiring medical care, I authorize

_____ (CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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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 that 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 at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE	DATE
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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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-05080002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

PASSWORD

THE PASSWORD IS USED FOR THE PROTECTION OF YOUR CHILD.

Circumstances may occur when you will need someone that is not listed on enrollment form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your instruction. You will be asked your password. Informing us of your password will enable us to carry out your instructions. If you do not provide or remember your password, we may not be able to carry out your instructions from over the telephone. The password for your child should not be given to any other individual. The password provides a code between staff and parents only to enable us to follow your instructions from over the phone.

Parent's Email address: _____

PASSWORD: _____

Parent's or Guardian's signature _____ Date _____

Director's Signature _____ Date _____



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
PERMISSION FOR CHILD TO LEAVE FACILITY

NAME OF CHILD	
ACTIVITY	
LOCATION	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION)	
TIME OF LEAVING	TIME OF EXPECTED RETURN
DATE OF ACTIVITY	PERMISSION GRANTED EFFECTIVE
	FROM: TO:
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE

MO500-3343 (8-21)



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
PERMISSION FOR CHILD TO LEAVE FACILITY

NAME OF CHILD	
ACTIVITY	
LOCATION	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION)	
TIME OF LEAVING	TIME OF EXPECTED RETURN
DATE OF ACTIVITY	PERMISSION GRANTED EFFECTIVE
	FROM: TO:
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE

MO500-3343 (8-21)

PARENT-CENTER CONTRACT

I acknowledge the receipt of Little Crayons Preschool fee schedule, eligibility and enrollment procedures/policy packet. I have read, understand and agree to the Policies and Procedures therein.

PLEASE INITIAL EACH ITEM:

- _____ Hours of Operations
- _____ Fee schedule / Program fees
- _____ Payment of Tuition and Additional fees
- _____ Curriculum
- _____ Eligibility and Enrollment procedures
- _____ Photo / Video usage (website/social media platform)
- _____ What to bring
- _____ Naptime
- _____ Toys
- _____ Birthday Celebration/Special events
- _____ Custody Issues
- _____ Child Protective Investigations
- _____ Health Requirements/Health Records
- _____ Illness Policy
- _____ Medication Form/ Emergency Medical Plan/ Emergency Procedures
- _____ Wide safety rules
- _____ Parent Authorization
- _____ Nutrition
- _____ Program Implementation and Discipline
- _____ Termination Policy/Expulsion Policy
- _____ No Linger Policy

In completing this application for my child to attend Little Crayons Preschool, I agree to support the moral, educational and disciplinary standards of the school. It is important for home and school to work together in establishing appropriate behavior. I /we give permission for my child to participate in all school activities. I will always be told of any fieldtrips or special events in advance and sign a permission slip or my child will not be permitted to leave the school's premises.

I / we agree to give two weeks notice prior to withdrawing or I will be responsible to pay an additional two full weeks of tuition regardless of attendance.

In the event the above items are not complied with, Little Crayons Preschool has the right to retain an attorney and I / we agree to pay all costs accrue in order to collect any debt owed.

Parent's/ Guardian Name (Print): _____ Date: _____

Parent's/Guardian Signature: _____ Date: _____

DISCIPLINE POLICY

The ultimate discipline is that which comes from within and does depend on an external reward or punishment to insure doing the right thing or doing whatever needs to be done. An important part of our teaching task involves helping children develop inner discipline. This means we must provide reasonable rules, logical consequences for breaking those rules and be willing to bestow more responsibility to the children, as they are able to assume it. We use positive techniques of guidance, including redirection, anticipation of and elimination of potential problems, positive reinforcement and encouragement. We will also use supervise time apart from the group. Consistent, clear rules and daily routines are established and followed by all. In the event we have a child whose behavior is not acceptable, a conference with the parents will be needed to determine the continuation of the child's enrollment in our program. **WE DO NOT SPANK CHILDREN**. Please remember that experiences at home affect the child's behavior at school. Let the center know joyous happenings, the upsetting experiences or important changes, which may affect behavior. These will be held in confidence and will help the teachers to understand the child's behavior. Also advise your child's teacher what a child has been told about an impending birth, serious illness, being adopted or a recent death so any conversation can be held in an intelligent and sensitive manner.

Sec. 7-4.07. Child discipline. (a) Child care facilities must ensure that age appropriate, individual, and constructive disciplinary practices are used for each child in care. Child care personnel shall adhere to the following: (1) Children shall not be subjected to discipline that is severe, humiliating, or frightening. (2) No cruel, harsh, physical, or unusual punishments shall be permitted. (3) No child shall be delegated or permitted to discipline another child. (4) No physical restraints, equipment, devices, or furniture shall be used to confine a child. (5) No child shall be confined in an enclosed area, such as a closet, locked room, box, or bathroom. (6) No child shall be subjected to profane language, threats, derogatory remarks, or other verbal abuse. (7) No child shall be punished for failure to eat or sleep, or for toileting accidents. (8) No child shall be punished by withholding food, rest, or use of the toilet. (9) No physical punishment shall be used, such as, but not limited to, spanking, hitting, striking, biting, or pinching. (10) No child shall be threatened with any punishment that is prohibited by this paragraph.

1'S: Create routines, structure and safe places to explore & Turn a negative into a positive

2'S: Set Limits; All kids need clear, consistent limits to define the boundaries of acceptable and unacceptable behavior. In fact, they crave them to feel secure in their world.

3'S: Practice prevention, Explain your rules & Provide alternatives. When you want your child to stop doing something, offer alternative ways for him to express his feelings

4'S: Create house rules that address the most important issues you want to address. Praise Good Behavior & Create Reward Systems.

Parent's Signature

Da

SCHOOL PERMISSION

I hereby grant permission for my child _____ to use all the play equipment, to participate in all activities of the Center, and to have pictures and film taken also for school publicity purposes. (website/social media platform)

Financial Agreement/ Hours of Operations-

I (we), parent(s) of: _____ understand and agree to abide by the following financial term and procedures for Little Crayons Preschool :

- Registration fee is non-refundable and it is due by August 1st every year of attendance.
- *WEEKLY TUITION-** Tuition is due on Friday for the following week. Whether they will be attending or not. Refer to **parent handbook** for the pricing. You will receive a reminder on Tuesday via the portal. Payments received after close of business day (6:30pm) on Friday will be assessed a \$35.00 late fee that will be automatically applied to your account. Your child will not be admitted to school until your account is paid in full. Partial payment will be considered late tuition, therefore late fee will apply as well.
- *MONTHLY TUITION-** is due on the fifth day of every month. Payments received after the fifth day of the month will assess a \$35.00 late fee.
- School age and drop-in program attendees must pay their fee upon checking in the day of attendance. Credits will not be given for days not attended. If your child cannot attend at all due to sickness, you must provide us with a doctor's note and we will credit ½ week.
- There is no credit for school schedule holidays. Tuition is due regardless of absence and tuition will not be pro-rated. Payments are done via Brightwheel portal only.
- Hours of operation are from 6:30 am to 6:30 pm Monday through Friday. In the event that a child is not picked up by 6:30 pm, there will be a late pick up fee due of \$3.00 per minute.
- Each full time enrolled child will receive 2 vacation/sick weeks (10days) per school calendar year. This becomes effective after 2 months of enrollment. If enrolled after December (mid year) student will only have 5 days vacation/sick week. This becomes effective after 2 months of enrollment. Once the free weeks have been used, you will be responsible for 50% of the weekly tuition payment regardless, if your child attends school or not. Days missed for any reason may not be made up or pro-rated and must be paid on tuition due date. There is no credit for school schedule holidays.**
- There is a \$35.00 charge for all returned checks. Two consecutive returned checks will revoke check-writing privileges. Any further payments must be paid in cash.
- All delinquent accounts or returned checks will be submitted to the credit bureau and collection agency. Please be aware. In addition to any bank or late fees a \$50.00 collection fee will be added to all delinquent accounts and/or returned checks.
- If your child is absent you will have 24 hours to provide us a doctor's note or a parent's note excusing their absence. Failure to provide such note will result in parents being responsible in paying for that day(s). If your child participates in a subsidized program parents will be responsible in paying the daily rate that the program pays for parents.

Parents it's mandatory to sign in and sign out your child every day per licensing. If not it will result in a \$5 fee for each occurrence.

Mother's or Guardian Signature/Date

Father's or Guardian Signature/ Date

SS# _____ - _____ - _____

SS# _____ - _____ - _____

Director's Signature: _____

Date: _____



INFANT AND TODDLER FEEDING AND CARE PLAN

FOR CHILD CARE FACILITY USE

The formula provided by this child care facility is:

CHECK A BOX
 YES
 NO

This child care facility is **participating** in the Child and Adult Care Food Program (CACFP). In order to claim meals and reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

INSTRUCTIONS (FOR PARENTS)

Please complete for child who is less than 24 months of age. **Update information as needed.** Use a new form or initial/date changes on this form.

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
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If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about militaryrelated services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

FEEDING INFORMATION

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
Breastmilk			
Formula			
Infant Food			
Table Food			

Who is preparing (mixing) the formula? Check all that apply: Parent Caregiver

Does your child have any problems with feedings, such as choking or spitting up?

Yes Explain: _____
 No

Does your child use a pacifier? Yes No

Note: Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

INFANT FEEDING PREFERENCE (under 12 months)

MARK YOUR PREFERENCE (CHECK ALL THAT APPLY).

I will provide breast milk for my infant.

I will nurse my infant at the center at these times: _____

The facility's formula may be used to supplement feedings if necessary: Yes No

If breast milk is unavailable for a feeding, the facility should: _____

I request that the formula provided by the child care facility be served to my infant.

I will provide infant formula for my infant. Name of formula: _____

I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**

I will provide solid foods for my infant.

TODDLER FEEDING PREFERENCE (12 THROUGH 23 MONTHS)

Check all that apply: Spoon Cup Feeds Self Feeding Table or Chair

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
Breastmilk			
Milk			
Table Food			

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ARRANGEMENTS FOR SLEEP – Licensing rules require that infants be placed on their back to sleep.

TIME(S) CHILD USUALLY NAPS	LENGTH OF NAP
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ADDITIONAL INSTRUCTIONS RELATED TO SLEEPING:

Note: When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions.

My child is 12 months or older, and I give my permission for my child to sleep on a cot.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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DIAPERING INSTRUCTIONS

LIST ANY LOTIONS AND/OR OINTMENTS, ETC. THAT YOU HAVE PROVIDED AND GIVE PERMISSION FOR CAREGIVERS TO USE ON YOUR CHILD:

FOR WET BOWEL MOVEMENT RASH OTHER

I do not want caregivers to use any lotions, powders, ointments, or similar items on my child.

I WILL FURNISH THE FOLLOWING BABY SUPPLIES FOR MY CHILD; CLEARLY LABELED WITH MY CHILD'S NAME:

SPECIAL INSTRUCTIONS FOR CARE (E.G., RESTRICTIONS, ALLERGIES, ETC.):

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
 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.)

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

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

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 MOA 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 800-735-2966; email civilrights@dese.mo.gov.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
MEDICATION AUTHORIZATION

MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL
DOSAGE	TIME(S) OF DAY	
POSSIBLE SIDE EFFECTS		
SIGNATURE OF PARENT(S) OR GUARDIAN		DATE

RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME

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 MOA 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 800-735-2966; email civilrights@dese.mo.gov.



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
SCHOOL-AGE CHILD HEALTH REPORT

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE
--------------	-----------

HEALTH STATEMENT (CHECK ONE)

- 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.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

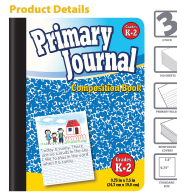
PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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SCHOOL SUPPLY LIST



PRIMARY COMPOSITION BOOK (preschool)

PENCILS (JUMBO)

CRAYONS (JUMBO)

1 BOXES OF WASHABLE THICK CLASSIC MARKERS

1 BOTTLE OF HANDS SANITIZERS

1 (2.5) GALLON ZIPLOC BAG —HEFTY (JUMBO)

SET OF 6 CLASSIC PAINT 8 OZ (BLUE, RED, YELLOW, BROWN, BLACK, WHITE, PINK, GREEN & PURPLE)

SET OF ACRYLIC PAINT (dollar store)

COLOR CARD-STOCK PAPER

1 PACK OF PLAY DOUGH

1 PACK OF POM POM (dollar store)

1 PACK OF PIPE CLEANERS (dollar store)

1 PACK OF TISSUE PAPER

1 PACK OF GOOGLY EYE (EXTRA LARGE ONLY)

1 BOX OF BABY WIPES

2 ROLL OF PAPER TOWEL

1 PACKAGE OF LYSOL/COLOROX WIPES

2 REAM OF COPY PAPER

1 PACK OF INDEX CARD

2 BOX OF KLEENEX

1 PACK OF PAPER PLATES

4 GLUE STICK

1 FOLDER

Choose 1 from the list:

PUZZLE (Knobbed / Peg / Flat) **age appropriate** (your child's age group)

Choose 1 from the list:

LARGE LINK, SNAP STARS OR WAFFLE BLOCKS **age appropriate** (your child's age group)