



SOUTHMINSTER PRESBYTERIAN CHURCH

10126 East Watson Road, Crest wood, Missouri 63126

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www.southminsterstlouis.org


CINDY HEINLEIN, DIRECTOR

Pre-School/Mother's Day Out

January 17, 2023

2023-2024 PRE-SCHOOL/MDO APPLICATION

REGISTRATION FEE: \$75 PER CHILD

	MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE CHILD CARE ENROLLMENT FORM FOR LICENSE-EXEMPT FACILITIES		
FACILITY/PROVIDER NAME Southminster Presbyterian Church Pre-School and Mother's Day Out		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	
PREFERRED HOSPITAL			
NAME		TELEPHONE NUMBER	

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CLASS INFORMATION: ALL CLASSES MEET FROM 9:00-12:30

PLEASE CIRCLE YOUR SELECTION(S)

Mother’s Day Out: Monday Tuesday Wednesday Thursday

First Year Pre-School: Tuesday and Thursday

First Year Pre-School: Tuesday, Wednesday, Thursday

Pre-Kindergarten: Tuesday, Wednesday, Thursday

Pre-Kindergarten: Monday, Tuesday, Wednesday, Thursday

Stay and Play (all ages) after school 12:30-2:30

Tuesday Thursday Tuesday and Thursday

ACKNOWLEDGEMENTS		
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		
<input type="checkbox"/> MY CHILD IS IN GOOD HEALTH, IS ABLE TO PARTICIPATE IN GROUP CARE, HAS NO SPECIAL HEALTH OR MEDICAL REQUIREMENTS.		
<input type="checkbox"/> 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.		